BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO

1313 Sherman Street, Room 315 Denver, Colorado 80203

Petitioner:

MHC HOLIDAY HILLS VILLAGE LLC -

v.

Respondent:

ADAMS COUNTY BOARD OF EQUALIZATION

ORDER ON WITHDRAWAL

Docket Number: 69383

The Board received Petitioner's request to withdraw the above-captioned appeal on April 7, 2017. The Board has approved Petitioner's request.

FINDINGS OF FACT AND CONCLUSIONS:

1. Subject property is described as follows:

County Schedule No.: R0050494

Category: Valuation/Protest Appeal Property Type: Residential

2. Petitioner is protesting the 2016 actual value of the subject property.

ORDER:

Petitioner's request for withdrawal is granted; therefore, the Board will take no further action on this matter.

DATED AND MAILED this 11th day of April 2017.

BOARD OF ASSESSMENT APPEALS

I hereby certify that this is a true and correct copy of the decision of the Board

of Assessment Appeals.

Christine Fontenot

KANIANTY

Diane M. DeVries

Sulva a Baumbach

Debra A. Baumbach



If at any time you decide you DO NOT wish to pursue your appeal and choose to withdraw, please sign this letter and return it to the Board of Assessment Appeals.

Please do not fill out and file this form if you are entering into a stipulation with the county.

BERENBAUM WEINSHIENK PC LARRY R MARTINEZ 370 17TH STREET, SUITE 4800 **DENVER, CO 80202**

Date: 4-7-2017

Docket No.:

Petitioner:

MHC HOLIDAY HILLS VILLAGE LLG

Hearing Date: 05/22/2017

To: Board of Assessment Appeals 1313 Sherman Street, Room 315

Denver, Colorado 80203

Via Facsimile: 303.864.7719

I no longer wish to pursue this matter and request that my property tax appeal be withdrawn. I understand that, by withdrawing this appeal, I relinquish all rights to obtaining a reduction in value for the subject property for tax year(s) 2016. I understand that this withdrawal letter should not be mailed or faxed if I have reached an agreement (stipulation) with the Adams County Board Of Equalization resulting in a reduction in value.

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of this document was mailed, faxed, or hand delivered to the Adams County Board Of Equalization.