| BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO 1313 Sherman Street, Room 315 Denver, Colorado 80203 | Docket Number: | 71205 |
|--|----------------|-------|
| Petitioner: 1500 ACP LLC | | |
| v. | | |
| Respondent: | 5 | |
| ARAPAHOE COUNTY BOARD OF EQUALIZATION | | |
| ORDER ON WITHDRAWAI | | |

ORDER ON WITHDRAWAL

The Board received Petitioner's request to withdraw the above-captioned appeal on June 6, 2018. The Board has accepted Petitioner's request.

FINDINGS OF FACT AND CONCLUSIONS:

| County Schedule No.: 032296950+1 | |
|--|--|
| 1. Subject property is described as follows: | |

2. Petitioner is protesting the 2017 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 8th day of June 2018.

BOARD OF ASSESSMENT APPEALS

Dearin Didia

Diane M. DeVries

ulra a. Baumbach

Debra A. Baumbach

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

Danielle Williams



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.

RYAN, LLC MATTHEW W. POLING 7979 E TUFTS AVENUE, SUITE 1500 DENVER, CO 80237

6/1/18 Date:

To: Board of Assessment Appeals 1313 Sherman Street, Room 315 Denver, Colorado 80203 Docket No.:71205Petitioner:1500 ACP LLCHearing Date:05/22/2018

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I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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) 2017. I understand that this withdrawal letter should not be mailed or faxed if I have reached an agreement (stipulation) with the Arapahoe 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 Arapahoe County Board Of Equalization.

Signature: MATTHEW W. POLING