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| BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO 1313 Sherman Street, Room 315 Denver, Colorado 80203 | Docket Number: 71222 |
| Petitioner: AGM FAMILY LIMITED PARTNERSHIP v. Respondent: ARAPAHOE COUNTY BOARD OF EQUALIZATION | |
| ORDER ON WITHDRAWAL | |

The Board received Petitioner's request to withdraw the above-captioned appeal on January 5, 2018. The Board has approved Petitioner's request.

FINDINGS OF FACT AND CONCLUSIONS:

1. Subject property is described as follows:
 County Schedule No.: 1971-33-3-14-010
 Category: Valuation/Protest Appeal Property Type: Commercial

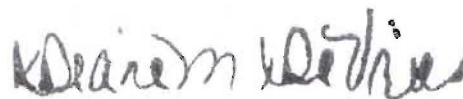
2. Petitioner is protesting the 2017 actual value of the subject property.

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 January 2018.

BOARD OF ASSESSMENT APPEALS

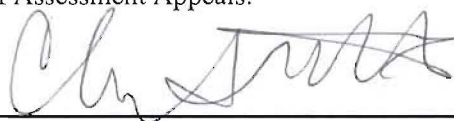


Diane M. DeVries



Debra A. Baumbach

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



Christine Fontenot



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.

**JOSEPH C. SANSONE COMPANY
DAVID JOHNSON
18040 EDISON AVE.
CHESTERFIELD, MO 63005**

2018 JAN -5 AM 8:09

STATE OF COLORADO
DEPT. OF ASSESSMENT APPEALS

Date: 1/5/18

Docket No.: 71222

Petitioner: AGM FAMILY LIMITED PARTNERSHIP

Hearing Date: 02/07/2018

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I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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) 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: DAVID JOHNSON