

BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO 1313 Sherman Street, Room 315 Denver, Colorado 80203	Docket Number: 72733
Petitioner: SNH MEDICAL OFFICE PROPERTIES TRUST v. Respondent: ADAMS COUNTY BOARD OF EQUALIZATION	
ORDER ON WITHDRAWAL	

The Board received Petitioner's request to withdraw the above-captioned appeal on October 12, 2018. The Board has accepted Petitioner's request.

FINDINGS OF FACT AND CONCLUSIONS:

1. Subject property is described as follows:

County Schedule No.: R0051486
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 5th day of December 2018.

BOARD OF ASSESSMENT APPEALS

Diane M. DeVries

Diane M. DeVries

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

Debra A. Baumbach

Debra A. Baumbach

Yesenia Araljo

Yesenia Araljo



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
ETHAN HORN
7979 E TUFTS AVENUE, SUITE 1500
DENVER, CO 80237

STATE OF COLORADO
BD OF ASSESSMENT APPEALS
2018 OCT 12 AM 8:08

Date: 10/11/18

Docket No.: 72733
Petitioner: SNH MEDICAL OFFICE PROPERTIES TRUS
Hearing Date: 10/25/2018

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I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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



Signature: ETHAN HORN