## BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO

1313 Sherman Street, Room 315 Denver, Colorado 80203

Petitioner:

MEDICAL OFFICE DEVELOPMENT CORP

٧.

Respondent:

**BOULDER COUNTY BOARD OF EQUALIZATION** 

#### ORDER ON WITHDRAWAL

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

### FINDINGS OF FACT AND CONCLUSIONS:

Subject property is described as follows: 1.

County Schedule No.:

R0505503

Category: Valuation/Protest Appeal

Property Type: Commercial

Docket Number: 73427

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 10th day of April 2018.

### **BOARD OF ASSESSMENT APPEALS**

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

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 CO.
ADAM CHASE
18040 EDISON AVE
CHESTERFIELD, MO 63005

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Date: 4/6/18

Docket No.:

73427

13421

MEDICAL OFFICE DEVELOPMENT CORP

Petitioner:

Hearing Date: NOT SCHEDULED

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I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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 Boulder 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 Boulder County Board Of Equalization.

Signature: ADAM CHASE //