

BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO 1313 Sherman Street, Room 315 Denver, Colorado 80203	Docket Number: 74756
Petitioner: KAISER FOUNDATION HEALTH PLAN OF COLORADO v. Respondent: ARAPAHOE COUNTY BOARD OF EQUALIZATION	
ORDER ON WITHDRAWAL	

The Board received Petitioner's request to withdraw the above-captioned appeal on May 3, 2019. The Board has accepted Petitioner's request.

FINDINGS OF FACT AND CONCLUSIONS:

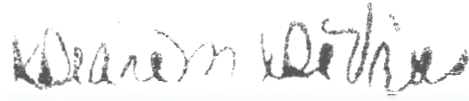
1. Subject property is described as follows:
 County Schedule No.: 033241142+1
 Category: Valuation/Protest Appeal Property Type: Commercial
2. Petitioner is protesting the 2018 actual value of the subject property.

ORDER:

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

DATED this 6th day of May 2019.

BOARD OF ASSESSMENT APPEALS

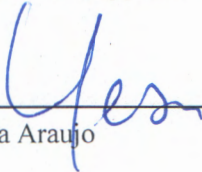


Diane M. DeVries



Debra A. Baumbach

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



Yesenia Araujo

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.

**MARVIN F. POER AND COMPANY
JOE MONZON
C/O BRIAN MAGOON, RWO
1099 18TH ST, SUITE 2600
DENVER, CO 80202**

STATE OF COLORADO
BD OF ASSESSMENT APPEALS
2019 MAY -3 AM 10:41

Date: 5/2/2019

Docket No.: 74756

Petitioner: KAISER FOUNDATION HEALTH PLAN OF C

Hearing Date: 05/29/2019

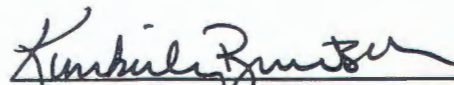
To: Board of Assessment Appeals
1313 Sherman Street, Room 315
Denver, Colorado 80203

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) 2018. 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.



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