

<b>BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO</b> 1313 Sherman Street, Room 315 Denver, Colorado 80203	<b>Docket Number: 74758</b>
Petitioner: <b>KAISER FOUNDATION HEALTH PLAN OF COLORADO</b>  v. Respondent: <b>ARAPAHOE COUNTY BOARD OF EQUALIZATION</b>	
<b>ORDER ON WITHDRAWAL</b>	

The Board received Petitioner's request to withdraw the above-captioned appeal on May 21, 2019. The Board has accepted Petitioner's request.

**FINDINGS OF FACT AND CONCLUSIONS:**

1. Subject property is described as follows:  
     **County Schedule No.: 035192512**  
     **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 22nd day of May 2019.

BOARD OF ASSESSMENT APPEALS

*Diane M. DeVries*

Diane M. DeVries

*Debra 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.

*Yesenia Araujo*

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

2019 MAY 21 AM 10:56

STATE OF COLORADO  
BD OF ASSESSMENT APPEALS

Date: 5/20/2019

Docket No.: 74758

Petitioner: KAISER FOUNDATION HEALTH PLAN OF C

Hearing Date: 06/04/2019

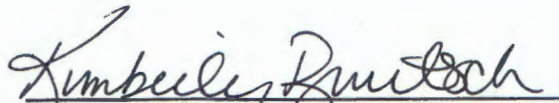
To: Board of Assessment Appeals  
1313 Sherman Street, Room 315  
Denver, Colorado 80203

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I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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