BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO

1313 Sherman Street, Room 315 Denver, Colorado 80203

Petitioner:

VAIL SUMMIT RESORTS INC

v.

Respondent:

SUMMIT COUNTY BOARD OF EQUALIZATION

ORDER ON WITHDRAWAL

Docket Number: 75642

The Board received Petitioner's request to withdraw the above-captioned appeal on February 27, 2020. The Board has accepted Petitioner's request.

FINDINGS OF FACT AND CONCLUSIONS:

Subject property is described as follows:

County Schedule No.: 6508533

Category: Valuation/Protest Appeal Property Type: Vacant Land

2. Petitioner is protesting the 2019 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 27th day of February 2020.

BOARD OF ASSESSMENT APPEALS

Diane M. DeVries

Subra a. Baumbach

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.

Gordana Katardzic



If at any time you decide you DO NOT wish to pursue your appeal and choose 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, NOT ASSESSMENT Appeals.

VAIL SUMMIT RESORTS INC
BRAD BAUGH
1200 17TH ST., STE 990
CO 80202

2/27/20

Date:

Docket No.: 75642

Petitioner:

VAIL SUMMIT RESORTS INC

God Saugh

Hearing Date: 03/30/2020

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

Via Email: baa@state.co.us

I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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) 2019. I understand that this withdrawal letter should not be mailed or faxed if I have reached an agreement (stipulation) with the Summit 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 Summit County Board Of Equalization.

Signature: BRAD BAUGH