# BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO

1313 Sherman Street, Room 315 Denver, Colorado 80203

Petitioner:

VAIL SUMMIT RESORTS INC

٧.

Respondent:

SUMMIT COUNTY BOARD OF EQUALIZATION

#### ORDER ON WITHDRAWAL

Docket Number: 75668

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.: 6508539

Category: Valuation/Protest Appeal Property Type: Commercial

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** 

Dearin Willia

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.

Gordane Katardic

Gordana Katardzic



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.

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

2/27/20 Date:

Docket No.: 75668

Petitioner:

VAIL SUMMIT RESORTS INC

Hearing Date: 03/31/2020

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I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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