BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO 1313 Sherman Street, Room 315 Denver, Colorado 80203 Petitioner: 7029-63 CAMPUS DRIVE LLC v. Respondent: EL PASO COUNTY BOARD OF EQUALIZATION ORDER ON WITHDRAWAL

The Board received Petitioner's request to withdraw the above-captioned appeal on January 29, 2020. The Board has accepted Petitioner's request.

FINDINGS OF FACT AND CONCLUSIONS:

1. Subject property is described as follows:

County Schedule No.: 63080-04-038+1

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 July 2020.

BOARD OF ASSESSMENT APPEALS

Diane M. DeVries

Sulva a Baumbach

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

Debra A. Baumbach

Diane M. DeVries

Tisha Luna

Tisha Luna

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.

7029-63 CAMPUS DRIVE LLC ADAM W. CHASE 921 WALNUT STREET, SUITE 200 BOULDER, CO 80302 2020 JAN 29 AHII: 18

Date: 1/29/20

Docket No.: 75910

Petitioner:

75910

7029-63 CAMPUS DRIVE LLC

Hearing Date: 03/09/2020

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

essment Appears 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I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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 EI Paso 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 El Paso County Board Of Equalization.

Signature: ADAMW- GHASE

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