

WITHDRAWAL OF PETITION FOR REVIEW OF ASSESSED EQUALIZATION

DATE: _____

TO: WASHOE COUNTY BOARD OF EQUALIZATION

Name of Property Owner: _____

RE: APN _____ HEARING # _____

APN _____ HEARING # _____

APN _____ HEARING # _____

APN _____ HEARING # _____

APN _____ HEARING # _____

I hereby request that my Petition(s) for Review of Assessed Valuation to the Washoe County Board of Equalization listed above be withdrawn.

X _____
Signature of Petitioner Date

X _____
Signature of Petitioner Date

FAX: (775) 328-3642

MAIL: Washoe County Assessor
PO Box 11130
Reno NV 89520-0027