

PETITION FOR REVIEW OF ASSESSED VALUATION WITHDRAWAL FORM

DATE: _____

TO: WASHOE COUNTY BOARD OF EQUALIZATION

FROM: (PRINT) _____

RE: APN _____ HEARING # (1): _____

I hereby request that my Petition for Review of Assessed Valuation to the Washoe County Board of Equalization be withdrawn.

X _____
Name Date

X _____
Name Date

FAX: 775-328-2252 or 775-328-3641 - C/O Washoe County Assessor

MAIL: C/O Washoe County Assessor
PO Box 11130
Reno, NV, 89520-0027

Notes:

(1) Fill in, if known