

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I hereby request that my Petition for Review of Assessed Valuation to the Washoe County Board of Equalization be withdrawn.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