ASSESSMENT APPEAL WITHDRAWAL

Mail or fax the completed form to the Clerk of the Board at the address shown.

CHAIRPERSON

APPLICANT AND I	PROPERTY INFORMI	ATION		
NAME OF APPLICANT		HEARING DATE II applicable		
Haron's Inc			0 2 7 7 3	
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX)		EMAILADDRESS		
P.O. Box 2437		L	FAX TELEPHONE	
SMYCA STATE ZIPCODE GA 3008	DAYTIME TELEPHONE 1 (678)848 257	ALTERNATE TELEPHONE ()	()	
I no longer wish to pursue an assessment appeal on the	property, or properties	i, indicated below and	I hereby request	
that the Assessment Appeal Application be withdrawn.				
The trib the trib the trib	Telegral Account	DO TAY DILL MUMOCO		
APPERIOR HOMOGO		PARCEL, ACCOUNT OR TAX BILL NUMBER		
16-063	PARCEL ACCOUNT	PARCEL, ACCOUNT OR TAX BILL NUMBER		
APPLICATION NUMBER	711.022,73000			
APPLICATION NUMBER	PARCEL, ACCOUNT	PARCEL, ACCOUNT OR TAX BILL NUMBER		
AF ELIGITION NUMBER				
ADDITIONAL AFFECTED APPLICATIONS ARE LISTED	ON ATTACHMENT. NUM	BER OF PAGES ATTAC	HED:	
An Assessment Appeal Application may be withdrawn at this request, unless the Assessor has given the applica- the assessed value of the property. Additionally, the of the Assessor and applicant may have agreed to withdraw	ant a written notice of county Board can dec	an intention to reco	mmeno an increase in	
Withdrawals are final and will conclude any further action	n on the appeal. No co	nditional withdrawals	will be accepted.	
	RTIFICATION			
		Cite and a street in a	the in with the second of	
I certify that I am authorized to transact all busine the Assessment	ess relating to the abo ent Appeal Applicatio	ove tiling, including n.	tnis witndrawai of	
SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DATE	. 4	
		1-25	- 18	
PRINT NAME OF AUTHORIZED SIGNER		TITLE A	_	
Jeff Taton		EMAIL ADDRÉSS 11		
Silver Oak Advisors			Jsilveroakadvisors.co	
FILING STATUS OWNER AGENT ATTORNEY SPOUSE REGISTE	RED DOMESTIC PARTNER	GHILD PAREN	T PERSON AFFECTED	
•		CORPORATE OFFICER	OR DESIGNATED EMPLOYEE	
CALIFORNIA ATTORNEY, STATE BAR NUMBER:FOR COUN	TY BOARD USE ONL			
The withdrawal request is accepted and will conclude any	further action on the app	peal.		
The withdrawal request is denied. The Assessor has delived will be notified of the date no less than 45 days prior to the	e hearing date.			
The withdrawal request is denied by the appeals board. proceed with an assessment review to determine the full	n accordance with section value of the property or o	on 1610.8, the appeals ther issues.	board has the authority to	
ATTEST BY COUNTY BOARD:				
DATED:				
BY:				
BY:		CLERK C	OF THE BOARD	