

DATE: \_\_\_\_\_

TO: WASHOE COUNTY BOARD OF EQUALIZATION

Name of Owner: \_\_\_\_\_

RE: APN \_\_\_\_\_ HEARING # \_\_\_\_\_

APN \_\_\_\_\_ HEARING # \_\_\_\_\_

APN \_\_\_\_\_ HEARING # \_\_\_\_\_

I hereby request that my Petition for Review of Assessed Valuation to the Washoe County Board of Equalization be withdrawn.

X \_\_\_\_\_  
Signature of Petitioner Date

X \_\_\_\_\_  
Signature of Petitioner Date

X \_\_\_\_\_  
Signature of Petitioner Date

X \_\_\_\_\_  
Signature of Petitioner Date

FAX: (775)328-2252

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