

DATE _____

TO: WASHOE COUNTY BOARD OF EQUALIZATION

FROM: _____

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I hereby request that my Petition for Review of Assessed Valuation to the Washoe County Board of Equalization be withdrawn.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

X _____
NAME DATE

X _____
NAME DATE

X _____
NAME DATE

FAX: (775) 328-3642 – C/O Washoe County Assessor

MAIL: Washoe County Assessor
1001 E 9th St Ste D100
Reno NV 89512