

<b>BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO</b> 1313 Sherman Street, Room 315 Denver, Colorado 80203	<b>Docket Number: 45466</b>
Petitioner: <b>HEALTHSOUTH CORPORATION,</b>  v.  Respondent: <b>ARAPAHOE COUNTY BOARD OF COMMISSIONERS.</b>	
<b>ORDER ON WITHDRAWAL</b>	

The Board received Petitioner's request to withdraw the above-captioned appeal on August 22, 2011. The Board has approved Petitioner's request.

**FINDINGS OF FACT AND CONCLUSIONS:**

1. Subject property is described as follows:  
     **County Schedule No.: 28099-33084-001**  
     **Category: Abatement      Property Type: Commercial Personal**
2. Petitioner is protesting the 2002 actual value of the subject property.

**ORDER:**

Petitioner's request for withdrawal is granted; therefore, the Board will take no further action on this matter.

DATED AND MAILED this 2nd day of September 2011.

**BOARD OF ASSESSMENT APPEALS**

*Diane M DeVries*

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Diane M. DeVries

*Debra A. Baumbach*

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Debra A. Baumbach

I hereby certify that this is a true and correct copy of the decision of the Board of Assessment Appeals.

*CM*

\_\_\_\_\_  
Cara McKeller



**If at any time you decide you DO NOT wish to pursue your appeal and choose to withdraw, please sign this letter and return it to the Board of Assessment Appeals.**

**Please do not fill out and file this form if you are entering into a stipulation with the county**

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STATE OF COLORADO  
BD OF ASSESSMENT APPEALS

**Healthsouth Corporation  
THOMAS LANGLEY  
ONE HEALTHSOUTH PKWY  
Birmingham, AL 35243**

Date: 08/17/11

Docket No.: 45466  
Hearing Date: September 23, 2011

To: Board of Assessment Appeals  
1313 Sherman Street, Room 315  
Denver, CO 80203

Via Facsimile: 303.866.4485

I no longer wish to pursue this matter and request that my property tax appeal be withdrawn. I understand that, by withdrawing this appeal, I relinquish all rights to obtaining a reduction in value for the subject property for tax year(s) 2002. I understand that this withdrawal letter should not be mailed or faxed if I have reached an agreement (stipulation) with the Arapahoe County Board Of Commissioners resulting in a reduction in value.

#### **CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of this document was mailed, faxed, or hand delivered to the Arapahoe County Board Of Commissioners.

  
\_\_\_\_\_  
Signature: Healthsouth Corporation