



# Appeals Coordinator

*A Division of Administrative Services Department*

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## BOULDER COUNTY BOARD OF EQUALIZATION OR ABATEMENT WAIVER OF HEARING

Date: \_\_\_\_\_

Name of Property Owner or Authorized  
Tenant: \_\_\_\_\_

Name of Agent (if appropriate): \_\_\_\_\_

Property Identification Number: \_\_\_\_\_

Tax Year(s) \_\_\_\_\_

Property Owner or Authorized Tenant hereby waives his/her right to a hearing concerning the Board of Equalization or abatement petition filed this date, and understands that no hearing will be scheduled. If no stipulation is reached or the petition is not withdrawn, the petition will be denied by the Board of Equalization or Board of County Commissioners without a hearing.

\_\_\_\_\_  
Signature of Property Owner, Tenant or Agent