



**SKAGIT COUNTY
BOARD OF
EQUALIZATION**

**700 S. Second Street, Room 100
Mount Vernon, WA 98273
(360)416-1740
skivi@co.skagit.wa.us**

WITHDRAWAL OF APPEAL

Date: _____

Petition No(s): _____

Parcel No(s): _____

Name: _____

The undersigned appellant does not wish to continue the above-referenced appeal(s) and requests that it (they) be withdrawn and canceled from the Board's docket of active appeals.

Signature of Appellant/Agent

Printed Name of Appellant/Agent

Mailing Address

City State Zip Code

Please return to: Stevee Kivi, Hearings Coordinator
700 S. Second Street, Room 100
Mount Vernon, WA 98273
or e-mail: skivi@co.skagit.wa.us