

BARTOW COUNTY BOARD OF EQUALIZATION APPEAL WITHDRAWAL FORM

If you wish to **WITHDRAW** your appeal and hereby cancel your appeal hearing with the Board of Equalization:

MAIL this form to: BARTOW COUNTY BOE
135 WEST CHEROKEE AVE.
SUITE 233-B
CARTERSVILLE, GA 30120

FAX this form to: ATTN: BARTOW COUNTY BOE
770.387.5611

EMAIL this form to: bartowboe@gmail.com

Name of Appellant

Representative

BOE Case Number / Parcel or Map ID Number / Account Number

Mailing Address

City

State

Zip Code

Phone Number

Email Address

Original BOE Hearing Date

Original BOE Hearing Time

I would like to **WITHDRAW** my appeal and hereby cancel my appeal hearing with the Board of Equalization.

Signature of Person Requesting Withdrawal