

# Muscogee County Board of Equalization Withdrawal Form

Mail this form to:	Muscogee County Board of Equalization PO Box 2145 Columbus, GA 31902-2145
Fax this form to:	Attn: Muscogee County Board of Equalization (706) 225-4287
Email this form to:	boe@columbusga.org

**Parcel Number(s):** \_\_\_\_\_

**Name of Appellant(s):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Representative:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Hearing Date:** \_\_\_\_\_ **Hearing Time:** \_\_\_\_\_

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

\_\_\_\_\_  
Appellant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date