BOULDER COUNTY BOARD OF EQUALIZATION OR ABATEMENT WAIVER OF HEARING

TO:   Property Appeals Coordinator  
      P.O. Box 471  
      Boulder CO 80306

Email: boe@bouldercounty.org

Date: _____________________

Property Owner Name: ________________________________________________

Agent or Authorized Tenant Name (if applicable): ___________________________
Agent Company: ___________________________________

Account Number: ________________ (ex: R1234567, P1234567, M1234567)

Tax Year(s): _____________

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 If no stipulation is reached or the petition is not withdrawn, the petition will be denied by the Board of Equalization or the Board of County Commissioners without a hearing.

____________________________________________
Signature

Printed Name: ________________________________

IMPORTANT: If your account is scheduled for a hearing, this form must be submitted at least three (3) business days before the scheduled hearing so that the hearing can be vacated.