

**STATE OF WASHINGTON  
BOARD OF TAX APPEALS**  
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Post Office Box 40915  
Olympia, Washington 98504-0915  
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**WITHDRAWAL OF APPEAL**

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

Docket No(s). \_\_\_\_\_

The undersigned appellant does not wish to continue the above-referenced appeal and requests that it be withdrawn and canceled from the Board's docket of active appeals.

\_\_\_\_\_  
Signature of Appellant or Agent

\_\_\_\_\_  
Printed Name of Appellant

\_\_\_\_\_  
Street Address or Box Number

\_\_\_\_\_  
City

State

Zip Code

