

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:	styner@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