

**NOTICE OF WITHDRAWAL FORM**

This form may be used by Appellant to withdraw an appeal.

1. Appellant's name (appeal name):

\_\_\_\_\_

2. List each appeal number applicable to this notice of withdrawal:

\_\_\_\_\_

3. The notice(s) of appeal associated with the above listed appeal number(s) is/are hereby withdrawn.

4. Was a representative of the opposing party notified about the filing of this withdrawal?

No

Yes  Person Contacted: \_\_\_\_\_

\_\_\_\_\_  
Appellant Signature (or Representative)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

This notice of withdrawal form may be filed by fax at 208-334-4060.

- OR -

Mailed (or hand-delivered) to:  
Idaho Board of Tax Appeals  
1673 W. Shoreline Drive, Suite 120  
Boise, ID 83702.

For questions regarding this form, contact the BTA at 208-334-3354.