

CHEROKEE COUNTY BOARD OF EQUALIZATION APPEAL WITHDRAWAL FORM

If you wish to **WITHDRAW** your appeal and hereby cancel your appeal hearing with the Board of Equalization:

MAIL this form to:

CHEROKEE COUNTY BOE
90 NORTH STREET
SUITE G170
CANTON, GA 30114

OR

EMAIL this form to:

boecomments@cherokeega.com

Name of Appellant

Representative

BOE Case Number

Map and Parcel ID Number

Mailing Address

City

State

Zip Code

Phone Number

Email Address

Original BOE Hearing Date

Original BOE Hearing Time

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

Signature of Person Requesting Withdrawal

Print Name _____