

FORSYTH 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:

Clerk of Court
BOE
101 East Courthouse Square
Cumming GA 30040

OR

EMAIL this form to:

jeparks@forsythco.com

Name of Appellant

Representative

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 _____