

# CIBOLA COUNTY 2016 WITHDRAWAL OF PROTEST

## INSTRUCTIONS:

AS PER STATE STATE STATUTE NMSA 7-38-23 (B), THE ASSESSOR'S OFFICE IS REQUIRED TO HAVE A WRITTEN WITHDRAWAL RESPONSE ON ALL PROTESTS. IF YOU AGREE WITH THE 2016 NOTICE OF DETERMINATION YOU RECEIVED AS CERTIFIED MAIL PLEASE SIGN, DATE, PRINT AND PUT THE ACCOUNT NUMBER FOR YOUR PROTEST AND IN THE REASON (WE NEED AN EXPLANATION IN YOUR OWN WORDS). IF YOU HAVE MORE THAN ONE ACCOUNT YOU PROTESTED FOR 2016 PLEASE PUT ALL ACCOUNT NUMBERS ON **ONE** WITHDRAWAL FORM. YOU CAN FAX YOUR WITHDRAWAL TO 505-285-2561 OR E-MAIL TO: [grael@co.cibola.nm.us](mailto:grael@co.cibola.nm.us) OR [jennar@co.cibola.nm.us](mailto:jennar@co.cibola.nm.us) OR [mmontoya@co.cibola.nm.us](mailto:mmontoya@co.cibola.nm.us) or you can use the USPS or stop by our office at 515 W High Street Grants NM 87020.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
ACCOUNT NUMBER

REASON FOR WITHDRAWAL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BELOW FOR OFFICE USE ONLY:

FORM RECEIVED IN ASSESSORS OFFICE:

\_\_\_\_\_  
EMPLOYEES INITIALS

\_\_\_\_\_  
DATE STAMP

\$ \_\_\_\_\_  
ACTUAL VALUE

\$ \_\_\_\_\_  
ADJUSTED ACTUAL VALUE