

TO: Tax Equalization and Review Commission
RE: Request for Dismissal

Case No(s): _____

Case Name: _____

County: _____

By signing below, I am making the following representations to the Tax Equalization and Review Commission:

- (1) I am the property owner or a person authorized by law to sign pleadings on behalf of the Appellant in the appeal(s) listed above.
- (2) I am requesting that the Tax Equalization and Review Commission dismiss the appeal(s) listed above.
- (3) I understand that I will not be able to re-open any appeals that are dismissed.
- (4) I understand that I will not receive a refund of any costs, fees, or expenses I have already paid for my appeal(s).
- (5) I understand that I may not withdraw or revoke this request to dismiss once it has been submitted.

Signature

Date

Print Name

Title (If other than property owner)

You may print the blank form and complete it legibly or use the fillable form online. Make sure to list ALL CASE NUMBERS you want to dismiss. Once the form is completed, you may:

- (1) Fax the form to the Commission at: (402) 471-7720
- (2) Mail the form to the Commission at: Tax Equalization and Review Commission
PO Box 95108
301 Centennial Mall South
Lincoln, NE 68509