**STATE TAX COMMISSION OF MISSOURI**

|  |  |  |
| --- | --- | --- |
| NAME, | )) |  |
|  | ) | Appeal No(s). |
| Complainant(s), | )) | Parcel/locator No. or Account No. |
|  | ) |  |
| v. | ) |  |
|  | ) |  |
| NAME, ASSESSOR, | )) |  |
| NAME COUNTY, MISSOURI, | )) |  |
|  | ) |  |
| Respondent. | ) |  |

 **VOLUNTARY DISMISSAL**

Comes now Complainant and voluntarily dismisses the above-numbered appeal(s) and requests that the Commission issue an order dismissing said appeal(s).

Date:

Complainant or Attorney for Complainant