

**BOARD OF ASSESSMENT APPEALS  
STATE OF COLORADO**

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**NOTICE OF HEARING**

**SCHEDULE NO. 6508534**

**DOCKET NO. 75670**

Petitioner(s):

Tax Year(s): 2019

**VAIL SUMMIT RESORTS INC**

V.

Respondent:

**SUMMIT COUNTY BOARD OF EQUALIZATION**

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**The Board of Assessment Appeals will hear the above-captioned matter:**

<b>Date:</b>	<b>February 28, 2020</b>
<b>Time:</b>	<b>8:30 AM Mountain Time on a trailing docket</b>
<b>Location:</b>	<b>1313 Sherman Street Room 315, 3rd Floor Denver, CO 80203</b>
<b>Time Allocated:</b>	<b>2 hour(s) per side</b>

**PLEASE TAKE NOTICE:**

The Board of Assessment Appeals uses a one-day modified trailing docket. Several cases are scheduled for hearing at 8:30 am each day. Cases are heard in the order determined by the Board, with the first case commencing at 8:30 am. At the completion of the first case on the docket, the Board hears the second case on the docket. The Board proceeds through the docket in this manner until all cases have been heard or until insufficient time remains to fully hear the remaining cases on the docket. Cases not heard will be continued to another day.

You are required to appear for your hearing at 8:30 am on the date noted above and remain until your case is heard or continued, **unless** the Board removes your case from the trailing docket and schedules your case for a specific time later in the day. A list of cases removed from the trailing docket will be available at least one week prior to the hearing date. If your case is removed from the trailing docket, you are required to appear at the specific time scheduled by the Board. **Please check the Hearing Schedule on the Board's web page ([dola.colorado.gov/baa](http://dola.colorado.gov/baa)) or call (303) 864-7711 within one week prior to your hearing date to determine if your hearing has been scheduled for a specific time on the hearing date.**

If the Petitioner is a closely held entity as defined in CRS 13-1-127, the Petitioner must be represented by either an attorney licensed in Colorado or an officer of the entity. If the Petitioner is a domestic or foreign entity that is not closely held, as defined in CRS 7-90-102, an attorney licensed in Colorado must represent the entity in all legal proceedings before the Board.

**Pursuant to Board Rule 11, documentary evidence and witness lists must be received by the Board and the opposing party no later than January 31, 2020. If this date falls on a State Holiday, the documentary evidence and witness lists are due the following working day.**

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**Petitioner's Representative of Record:**

**Mailed: October 16, 2019**

**DUFF & PHELPS**

**BRAD BAUGH**

**1200 17TH ST., STE 990**

**DENVER, CO 80202**

# PETITION TO STATE BOARD OF ASSESSMENT APPEALS

1313 Sherman Street, Room 315  
Denver, Colorado 80203

Phone: 303-864-7710  
Fax: 303-864-7719

For Office Use Only

**75670ND**

Docket No.

Fee: Y

Check/Credit Card #/

Payment Trans #: 11807920

P F H

Date: 08/28/2019

Property Owner: VAIL SUMMIT RESORTS INC

Subject Property: 0633 CONFERENCE CENTER DR (CR 214)

Schedule Number(s): 6508534

Appeals the decision of the Summit County Board of Equalization

Dated: 08/05/2019

This appeal is: Valuation/Protest Appeal

Tax Year(s): 2019

The subject property is currently classified as: Commercial

Actual Value assigned to the subject property: \$15,554,707      Petitioner's estimate of value: \$10,888,295

Estimated time for Petitioner to present the appeal: 2 hours.

Not less than 30 minutes. Board will allow equal time to County or Property Tax Administrator.

## Appearance:

Petitioner will be represented by an agent      Agent would like to appear in person

If the property owner is an entity, it must appear under the representation of an attorney licensed in Colorado except as follows. A closely held entity may be represented by an officer of the entity as long as the amount in controversy does not exceed \$15,000, exclusive of costs, interest or statutory penalties. A closely held entity can have no more than three owners. See Section 13-1-127, C.R.S. **A closely held entity that will be represented by an officer of the entity must provide a letter to the Board with this petition stating that it has no more than three owners and that the tax amount at issue does not exceed \$15,000.** A trust filing a petition may be represented by a trustee, an attorney or an agent.

## Filing Fee:

\$101.25      Petitioner will be represented by an agent or by an attorney.

**In the space below, please explain why you disagree with the value assigned to the subject property**  
Alternate approaches support a value adjustment.

Documents attached to this petition:

**County Board of Equalization Appeals**

The Decision of the County Board of Equalization

**Additional Documentation**

Notarized Letter of Authorization

Certificate of Service

I certify that a true and correct copy of the foregoing Petition to the State Board of Assessment Appeals and attachments were mailed, faxed or hand delivered to the County Board of Equalization, the Board of County Commissioners or the State Property Tax Administrator who made the decision relating to this appeal and to all co-owners or parties directly interested in the subject property on the date I submitted the Petition to the State Board of Assessment Appeals.

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ATTESTATION

I understand that in accordance with Sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in Section 18-8-503, C.R.S. that:

I am the owner of the property that is the subject of this appeal, or I am the authorized agent or attorney for the owner of the property that is the subject of this appeal; and

The information in this Petition to the State Board of Assessment Appeals (including all attachments) is true and correct to the best of my knowledge and belief.

I understand that, upon acceptance by the Board of Assessment Appeals, I will need to pay the required filing fee associated with this Petition, if any.

I understand that no further changes can be made to the Petition or attachments, unless corrections are required by the Board of Assessment Appeals.

I understand my obligation to mail, fax or hand deliver a true and correct copy of the Petition (including all attachments) to the County Board of Equalization, the Board of County Commissioners or the State Property Tax Administration who made the decision relating to this appeal and to all co-owners or parties directly interested in the subject property. I will mail, fax or hand deliver the Petition (including all attachments) on the date I submit the Petition to the Board of Assessment Appeals.

**Petitioner's mailing address is required even if Petitioner is represented by an agent or attorney.**

Signature of Agent

Signature of Petitioner

Duff & Phelps  
Company Name

VAIL SUMMIT RESORTS INC  
Property Owner

Duff & Phelps - Brad Baugh  
Printed Name

Gregory Porter  
Printed Name

1200 17th St., Ste 990  
Mailing Address

390 INTERLOCKEN CRES STE 1000  
Mailing Address

Denver, CO 80202  
City, State, Zip Code

Broomfield, CO 80021  
City, State, Zip Code

Telephone: 303-749-9007

Telephone: 303-749-9007

Daytime number

Email: brad.baugh@duffandphelps.com

Email:

**It is the Petitioner's responsibility to notify the BAA of any change of address.**

Petitioners are strongly encouraged to read the Instructions and Rules of the Board of Assessment Appeals prior to completing this Petition Form. The Instructions and Rules are available on the Web at [www.dola.Colorado.gov/baa](http://www.dola.Colorado.gov/baa) or may be requested by phone at 303-864-7710.

