



Assessment Complaint Withdrawal Form

I/We _____ wish to acknowledge that I/we am/are the owner, or
(please print)
authorized agent acting on behalf of the owner, of the property or business located at:

Roll Number (Property)					
Legal Description	Plan:	Block:		Lot:	
	Part Section	Section	Township	Range	Meridian
Municipal Address					
File Number					
Hearing Date					

Please check and sign one only:

- ☐ I/We wish to withdraw my/our complaint as filed with the Assessment Review Board.

Complainant Signature

Date

- ☐ I/We have reached an agreeable revision to my/our assessment through discussion with the Assessor. My assessment has been revised to \$ _____ and I accept this as fair and equitable.

Complainant Signature

Date

Assessor Signature

Date

Please check one of the following refund options:

- ☐ **I wish to have my refund mailed to me.**
☐ **I wish to have my refund applied to my tax account.**

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