

# WITHDRAWAL and AGREEMENT TO CORRECTION OF ASSESSMENT COMPLAINT FORM

Municipality: \_\_\_\_\_  
 Tax Roll Number: \_\_\_\_\_  
 Municipal Address or Legal Description: \_\_\_\_\_  
 Hearing Date (if scheduled): \_\_\_\_\_

Original Assessment: \$ \_\_\_\_\_ Corrected Assessment: \$ \_\_\_\_\_

Provide reason(s) for change from Original Assessment to Corrected Assessment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby agree to the Assessor's correction of the property assessment as detailed above, for the **2020** tax year for the above stated tax roll number and agree that this amount is correct, fair and equitable.

Furthermore, I hereby **withdraw my complaint** on the original assessment and I agree that I will not file a complaint or appeal with the Assessment Review Board respecting this revised assessment for the 2020 tax year. This agreement is only valid if approved by the Designated Municipal Official on or before December 31, 2020.

Complainant/Representative (please print name here)	Complainant/Representative (sign here)	Date (dd/mm/yyyy)
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**\*Please review and complete the Capacity to Act section below\***

The \_\_\_\_\_ agrees to the above.  
 Insert name of municipality here

Assessor (please print name here)	Assessor (sign here)	Date (dd/mm/yyyy)
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Designated Official (please print name here)	Designated Official (sign here)	Date (dd/mm/yyyy)
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- \* Capacity to Act** (please check one)
- Complainant
  - Complainant's lawyer
  - Agent representing Complainant  
(agency authorization attached)
  - Other \_\_\_\_\_  
(consent of Complainant attached)

This form will only be accepted if it is:

- (a) signed by the Complainant or Complainant's lawyer,  
or
- (b) accompanied by a statement signed and dated by the  
Complainant authorizing the signatory to act as the  
Complainant's agent.