

WITHDRAWAL of ASSESSMENT COMPLAINT FORM

Municipality: _____

Tax Roll Number: _____

Municipal Address **or** Legal Description: _____

Hearing Date (if scheduled): _____

I hereby withdraw my complaint concerning the **2011** assessment of property designated by above roll number, and by doing so agree the assessment will be in the amount of \$ _____ as shown on the **current** assessment notice.

Complainant/Representative
(please print name here)

Complainant/Representative
(sign here)

Date (d/m/y)

Please review and complete the Capacity to Act section below

- * **Capacity to Act** (please check one)
- Complainant
- Complainant's lawyer
- Agent representing Complainant
(agent authorization attached)
- Other _____
(consent of Complainant attached)

A withdrawal or a withdrawal to correction 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.