

WITHDRAWAL and AGREEMENT TO CORRECTION OF ASSESSMENT 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 **2017** 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 2017 tax year. This agreement is only valid if approved by the Designated Municipal Official on or before December 31, 2017.

_____	_____	_____
Complainant/Representative (please print name here)	Complainant/Representative (sign here)	Date (dd/mm/yy)

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/yy)

_____	_____	_____
Designated Official (please print name here)	Designated Official (sign here)	Date (dd/mm/yy)

- * **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.