

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 assessment of property designated by the above roll number for the 2017 tax year, 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 (dd/mm/yy)

Please review and complete the Capacity to Act section below

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.

*** Capacity to Act (check one)**

- Complainant
- Complainant's lawyer
- Agent representing Complainant
(agency authorization attached)
- Other _____
(consent of Complainant attached)