

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 2023 tax year, and by doing so agree the assessment will be in the amount of

\$ _____ as shown on the **current** assessment notice.

Complainant/Representative
(Print Name)

Complainant/Representative
(Signature)

(____ / ____ / ____)
Date (dd/mm/yyyy)

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*)