

COMPLAINT 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 **2024** 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 2024 tax year.

Complainant/Representative
(Print Name)

Complainant/Representative
(Signature)

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

Please review and complete the Capacity to Act section below

The _____ agrees to the above.
Insert name of municipality here

Assessor
(Print Name)

Assessor
(Signature)

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

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** (please check one)

Complainant

Complainant's lawyer

Agent representing Complainant (*Agency Authorization attached*)

Other _____ (*Consent of Complainant attached*)