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 **2026** 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 2026 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)*