



I/We, \_\_\_\_\_, wish to acknowledge that I/we am/are the owner, or authorized agent acting on behalf of the owner, of the property or business located at:

Property Information		
Legal Land Description:(i.e. Lot, Block, Plan or ATS 1/4 Sec-Twp-Rng-Mer)		
Civic Address		
Tax Roll Number	File No.	Hearing Date
WITHDRAWAL		
<b>Please check and sign:</b> <input type="checkbox"/> I/We wish to withdraw my/our complaint as filed with the Assessment Review Board.		
<hr/>		
Signature		Date
<input type="checkbox"/> I/We have reached an agreeable revision to my/our assessment through discussion with the assessor. My assessment has been revised to \$_____ and I accept this as fair and equitable.		
<hr/>		
Complainant Signature		Date
<hr/>		
Assessor Signature		Date
<hr/>		

**\*\*Please Note:** If a refund is issued it will take 10-14 business days to be processed.

**Protection of Privacy**

The personal information you provide on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*. The personal information is used to process your designation of an agent for appeals with the Subdivision and Development Appeals Board. If you have any questions about the collection and use of the personal information contact the Legislative Officer, 7<sup>th</sup> Floor 9909 Franklin Avenue, Fort McMurray AB T9H 2K4 ; or call 780.788.2222