



I/We, _____, wish to acknowledge that I/we am/are the owner, or authorized agent acting on behalf of the owner/appellant in the matter of an appeal against:

Development Permit	Subdivision Application	Notice of Order
☐ Approval ☐ Condition of Approval ☐ Refusal	☐ Approval ☐ Condition of Approval ☐ Refusal	☐ Notice of Order
☐ I/We are the Applicant or Land Owner of the subject property		
☐ I/We are a person affected by an order, decision or development permit		

Property Information
Legal Land Description: (i.e. Lot, Block, Plan or ATS 1/4 Sec-Twp-Rng-Mer)
Civic Address
Development Permit Number

File			
File Number		Hearing Date	

Please check and sign:

☐ I/We wish to withdraw my/our appeal as filed with the Subdivision and Development Appeal Board.

Signature

Date

****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 4(c) of the *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, 7th Floor 9909 Franklin Avenue, Fort McMurray AB T9H 2K4 ; or call 780.788.2222