

WITHDRAWAL OF ASSESSMENT COMPLAINT

Tax Roll Number: _____ **Hearing Date:** (*if scheduled*) _____

Municipal Address or Legal Description: _____

Check only **ONE** of the following that applies to your withdrawal:

- Annual Assessment
- Amended Annual Assessment
- Supplementary Assessment
- Revised Supplementary Assessment

I hereby withdraw my complaint concerning the **2015** assessment of property designated by the above roll number, and agree the assessment will be in the amount of \$ _____ as shown on the **current** assessment notice.

Complainant / Representative (Print name here)

Complainant / Representative (Sign here)

Date

***Please review and complete the Capacity to Act section below.**

***Capacity to Act** (please check one)

- Complainant
- Complainant's lawyer
- Agent representing Complainant
(*agency authorization attached*)
- Other _____
(*consent of Complainant attached*)

A withdrawal or a withdrawal to correction 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.