



Hearing Format Change Request

Property Under Complaint

Property Owner/Business Name		Date of Hearing
Tax Roll Account	Property/Business Address	Current Hearing Type

Person Requesting Format Change

Name (Last)	Name (First)	(Middle Initial)	
Address	City	Province	Postal Code
Telephone	Fax	Email	

Capacity to Act

<input type="checkbox"/> Complainant	<input type="checkbox"/> Other (consent of complainant attached)
<input type="checkbox"/> Agent Representing the Complainant	<input type="checkbox"/> Respondent Municipality

The reason you are requesting a hearing format change is:

Please choose which format you are requesting your hearing be changed to:

Written Video Conference Teleconference In-Person

Should the Board grant your request, please note that accommodating the new hearing format may require that your hearing be postponed to a later date.

*Written requests to change hearing format must be submitted no later than **14 days** before the scheduled hearing date.*

Signature Date

Once page 1 is completed fully, it will be forwarded by the Assessment Review Board to the other party.

This personal information is being collected under the authority of the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25, s. 33(c), and will be used for administrative purposes and to process your complaint. Personal information collected is protected by the privacy provisions of the Act. If you have any questions about the collection, use or disclosure of this personal information, contact the Director, Tribunals, Churchill Building, 10019-103 Avenue, Edmonton, AB T5J 0G9.



Hearing Format Change Request

To be completed by the party NOT requesting Format Change

Name (Last)	Name (First)	(Middle Initial)	
Address	City	Province	Postal Code
Telephone	Fax	Email	

Capacity to Act

<input type="checkbox"/> Complainant	<input type="checkbox"/> Other (consent of complainant attached)
<input type="checkbox"/> Agent Representing the Complainant	<input type="checkbox"/> Respondent Municipality

Do you consent to the request for hearing format change?

Yes No

If "No," please give reasons for the refusal:

Signature

Date

Other Parties (print)

Date