



# Postponement Request

### Property under Complaint

Property Owner/Business Name		Date of Hearing
Tax Roll Account	Property/Business Address	Assessment Amount

### Person Requesting Postponement

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

The reason you are requesting a postponement is:

  
  

Are you requesting that the disclosure dates change to reflect a postponed merit hearing date?

*\* You may attach copies of supporting documents to this request.*

*Note: Section 18(1) of the Matters Relating to Assessment Complaints Regulation provides that the Board may only grant a postponement or adjournment in **exceptional circumstances**, therefore your postponement request will be decided based on the information submitted with this form.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please indicate any date(s) you are not available for the merit hearing should your request be granted:**

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



# Postponement Request

**To be completed by the party NOT requesting Postponement**

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

Do you consent to the request for postponement?

Yes                       No

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

If applicable, do you consent to the request to change the disclosure dates?

*You may attach copies of supporting documents to this request.*

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Other Parties (print)

\_\_\_\_\_ Date

**Please indicate any date(s) you are not available should the request be granted:**

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.