



Withdrawal Request

Person Requesting Withdrawal

Name (Last)	Name (First)	(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

Property under Complaint

Property Owner/Business Name	Hearing Date (<i>If Scheduled</i>)
Tax Roll Account	Municipal Address or Legal Description

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

<input type="checkbox"/> Annual Assessment	<input type="checkbox"/> Supplementary Assessment
<input type="checkbox"/> Amended Annual Assessment	<input type="checkbox"/> Revised Supplementary Assessment

I hereby withdraw my complaint concerning the (insert year here) _____ 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.

Signature Date

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.