

ASSESSMENT COMPLAINT ID# _____

SCHEDULED HEARING DATE: _____

ASSESSMENT COMPLAINT WITHDRAWAL FORM (DM 2322979 01/19)

TO: Central Alberta Assessment Review Board Clerk
2nd floor, 4914 – 48 Avenue
Red Deer, AB T4N 3T4

Phone: 403.342.8132
Fax: 403.346.6195
Email: regionalarb@reddeer.ca

I/We hereby withdraw my/our complaint from the Assessment Review Board for the following property:

Municipality: _____ Tax Roll Number: _____

S. 12(2) of Matters Relating to Assessment Complaints regulation states that if a complainant withdraws a complaint on agreement with the assessor to correct any matter or issue under complaint, any complaint filing fee must be refunded to the complainant.

Have any matter(s) under complaint been corrected? Yes No

If assessed value has been corrected:

Original Assessed Value: _____ Corrected Assessed Value: _____

List any other matters that have been corrected: _____

Is the amended assessment notice and information required under s. 305(1.1) attached? Yes No
If no, on what date will it be filed? _____

S. 305(1.1) of the Municipal Government Act states that where an assessor corrects the assessment roll, the assessor must, in accordance with statutory timelines, send to the assessment review board a copy of the amended assessment notice, and information stating the reason for which the assessment roll was corrected, what correction was made; and how the correction affected the amount of the assessment.

S. 305(1.2) of the Municipal Government Act states that where the assessor sends a copy of an amended assessment notice under s. 305 (1.1) before the date of the hearing in respect of the complaint, the complaint is cancelled, the complainant's complaint fees must be returned, and the complainant has a new right of complaint in respect of the amended assessment notice.

NOTE: Scheduled hearings will not be cancelled and Complaint Fee refunds will not be processed until receipt of the amended assessment notice and information required in accordance with s. 305(1.2).

Complainant – Please Print Name

Respondent – Please Print Name

Complainant Signature

Respondent Signature

Date

Date