

ASSESSMENT COMPLAINT ID# \_\_\_\_\_

**ASSESSMENT COMPLAINT WITHDRAWAL FORM**

**TO:** Central Alberta Assessment Review Board Clerk      Phone: 403.342.8132  
2nd floor, 4914 – 48 Avenue      Fax: 403.346.6195  
Red Deer, AB, T4N 3T4      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

*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  
DM 2247099 8/18

\_\_\_\_\_  
Date