



	ASSESSMENT COMPLAINT ID#		
		SCHEDULED HEARING DATE:	
	ASSESSMENT COMPLAIN	T WITHDRAWAL FORM	
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 Assess	ment Review Board for the following property:	
Municipality: Tax Roll N		lumber:	
agree	2) of Matters Relating to Assessment Complaints regulation ment with the assessor to correct any matter or issue undelainant.	on states that if a complainant withdraws a complaint on er complaint, any complaint filing fee must be refunded to the	
Have	any matter(s) under complaint been corrected?	Yes No	
If ass	essed value has been corrected:		
Origir	Original Assessed Value: Corrected Assessed Value:		
List a	ny other matters that have been corrected:		
Is the	e amended assessment notice and information requ If no, you <u>must</u> indicate th	nired under s. 305(1.1) attached? Yes No	
with st	tatutory timelines, send to the assessment review board a copy of for which the assessment roll was corrected, what correction w		
(1.1) b	(1.2) of the Municipal Government Act states that where the ass efore the date of the hearing in respect of the complaint, the co ed, and the complainant has a new right of complaint in respect		
NOTE:	If a withdrawal is received on the date of hearing, the complain	aint will be forwarded to the Board in accordance with s. 305 (1.2)	
Complainant – Please Print Name		Respondent – Please Print Name	
Complainant Signature		Respondent Signature	
Date			