

I, \_\_\_\_\_,  
name

am the owner

or

am the authorized agent of \_\_\_\_\_ acting on behalf of the  
company  
owner of the property below:

Roll Number

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Property Address \_\_\_\_\_

Current Assessment Amount \_\_\_\_\_

Hearing Number \_\_\_\_\_

Hearing Date \_\_\_\_\_

I hereby withdraw my complaint against the assessment of the above described property for the  
\_\_\_\_\_ tax year.

\_\_\_\_\_  
Complainant signature

\_\_\_\_\_  
Date

This information is collected in accordance with the *Municipal Government Act* and its regulations and is protected by the *Freedom of Information and Protection of Privacy Act*. It will be used for administrative purposes to process your complaint. If you have any questions about the collection and use of this information contact the Board Clerk at 780-464-8140.

Submit to:

Board Clerk, Assessment Review Board  
Strathcona County Legislative & Legal Services  
2nd Floor, County Hall  
2001 Sherwood Drive  
Sherwood Park, Alberta T8A 3W7

Fax: 780-464-8194  
E-mail: ARB@strathcona.ab.ca