

WITHDRAWAL OF ASSESSMENT COMPLAINT

Tax Roll: _____
Municipal Address: _____
Legal Description: Lot _____ Block _____ Plan _____

Check only ONE of the following that applies to your withdrawal:
_____ Annual Assessment
_____ Amended Annual Assessment
_____ Supplementary Assessment
_____ Revised Supplementary Assessment
_____ No Amendment - withdrawal only

I hereby withdraw my complaint concerning the assessment for the _____ tax year of the above listed property

and agree the assessment will be in the amount of \$ _____

Complainant / Representative (printed name)

Complainant / Representative (signature)

Date

MM/DD/YYYY

CAPACITY TO ACT

The above representative is authorized to sign on behalf of the Complainant based on the following capacity to act:

- _____ Complainant
- _____ Complainant's lawyer
- _____ Agent representing the Complainant (*agent authorization must be attached*)
- _____ Other _____ (*consent from the Complainant must be attached*)

Email the completed, signed form to: arb@canmore.ca
Or deliver in Person to: Canmore Civic Centre
902 7th Avenue
Canmore, AB T1W 3K1