

Assessment Information		
Tax Roll Number:	Complaint Number:	Hearing Date:
Municipal Address or Legal Description:		
Check only ONE of the following assessment types that applies to the withdrawal:		
<input type="checkbox"/> Annual	<input type="checkbox"/> Supplemental	

Withdrawal of Assessment Complaint		
I withdraw my complaint about the assessment of property designated by the above roll number, for the _____ tax year, and agree the assessment will be in the amount of \$ _____ as shown on the current assessment notice.		
_____	_____	_____
Complainant/Agent Name*	Complainant/Agent Signature*	Date
*A Withdrawal of Assessment Complaint will only be accepted if it is: (a) signed by the Complainant or Complainant's lawyer, or (b) accompanied by a statement signed and dated by the Complainant authorizing the signatory to act as the Complainant's agent or if such statement has already been filed with the Assessment Review Board.		

Filing Information		
MAIL TO: Assessment Review Board 2001 Sherwood Drive Sherwood Park, Alberta T8A 3W7	DELIVER TO: Assessment Review Board 3 rd Floor, East Tower Community Centre 401 Festival Lane, Sherwood Park	EMAIL TO: ARB@strathcona.ca FAX TO: 780-464-8194

Collection and use of personal information

Personal information is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used to manage and administer the Assessment Review Board complaint process. If you have questions regarding the collection, use or disclosure of this information contact the Coordinator, Secretariat Services at 780-464-8140.