## Mackenzie County ASSESSMENT REVIEW BOARD WITHDRAWAL OF COMPLAINT FORM

I hereby withdraw my previous complaint to the Assessment Review Board with respect to the assessment of my property located at:

Tax Roll #:	Civic Address or Legal Description:		
COMPLAINANT INFORMATION:			
Name of Complainant:			
Mailing Address:			
Civic/Legal Address:			
City:	Phone (Daytime):		
Postal Code:	Phone (Cell):		
	Fax:		
Email:			
WITHDRAWAL – NO CHANGE I understand and accept that NO CHANGE in the current assessment of \$ for the above noted property will occur.			
Complainant/Representative (Print Name)	Complainant/Representative (Signature)	Date	
Assessor (Print Name)	Assessor (Signature)	Date	



## WITHDRAWAL – REVISED ASSESSMENT

I agree to accept \$	as the REVISED ASSESSMENT AMOUNT.	
Complainant/Representative (Print Name)	Complainant/Representative (Signature)	Date
Assessor (Print Name)	Assessor (Signature)	Date

## **REFUND OF FEES**

If the Complainant withdraws the complaint in writing and is received by the Clerk on or before the seventh (7th) day prior to the scheduled Assessment Review Board hearing, the fees paid by the Complainant shall be refunded.

**Note:** Any scheduled hearings with the Assessment Review Board will be cancelled upon completion and submission of the withdrawal form.

Submit completed form to:

MACKENZIE COUNTY Attn: Carol Gabriel, Assessment Review Board Clerk Box 640 4511-46 Avenue Fort Vermilion, AB T0H 1N0 Fax: (780) 927-4266 Email: cgabriel@mackenziecounty.com

For more information please call (780) 927-3718.

The personal information provided by you is being collected under the authority of the Municipal Government Act and will be used for the purposes under that Act. The personal information that you provide may be made public, subject to the provisions of the Freedom of Information and Protection of Privacy Act.

