



**Assessment Complaint – Notice of Withdrawal
Assessment Review Board**

I, _____,
name

- am the owner
or
 am the authorized agent of _____ acting on behalf of the
owner of the property below.

Roll Number

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 780-842-3381

Submit to: Clerk of the Assessment Review Board
1018-2 Ave
Wainwright, AB T9W 1R1

Fax: 780-842-2898
Email: ceklund@wainwright.ca