

City of Medicine Hat
Assessment Review Board
2020 WITHDRAWAL OF COMPLAINT

Complaint No: _____ (for office use only)

I HEREBY WITHDRAW MY PREVIOUS COMPLAINT TO THE ASSESSMENT REVIEW BOARD WITH RESPECT TO THE ASSESSMENT OF MY PROPERTY LOCATED AT _____

PRINTED NAME(S)		TAX ROLL ACCT	
MAILING ADDRESS		RESIDENTIAL PHONE NUMBER	
CITY		BUSINESS PHONE NUMBER	
PROVINCE	POSTAL CODE	FAX NUMBER	

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**

The City of Medicine Hat Assessment Department agrees to the above.

Assessor (print name) **Assessor (signature)** **Date**

I AGREE TO ACCEPT \$ _____ AS THE REVISED ASSESSMENT AMOUNT.

Complainant / Representative (print name) **Complainant / Representative (signature)** **Date**

The City of Medicine Hat Assessment Department agrees to the above.

Assessor (print name) **Assessor (signature)** **Date**

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

MAILING INFORMATION

The withdrawal form must be mailed, delivered, or faxed to:

City of Medicine Hat
Attention: **Clerk of the Assessment Review Board**
580 1 Street SE
Medicine Hat AB T1A 8E6
Fax # (403) 529-8324