



**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: [mailroom@wainwright.ca](mailto:mailroom@wainwright.ca)