		ASSESSMENT COMPLAINT ID#	
		SCHEDULED HEARING DATE:	
	ASSESSMENT COMPLAINT WITHE	DRAWAL FORM (DM 2322979 01/19)	
то:	Central Alberta Assessment Review Board Clerk 2nd floor, 4914 – 48 Avenue Red Deer, AB T4N 3T4	Phone: 403.342.8132 Fax: 403.346.6195 Email: regionalarb@reddeer.ca	
I/We h	nereby withdraw my/our complaint from the Assessr	ment Review Board for the following property:	
Municipality: Tax F		umber:	
		n states that if a complainant withdraws a complaint on r complaint, any complaint filing fee must be refunded to the	
Have a	any matter(s) under complaint been corrected?	YesNo	
If asses	ssed value has been corrected:		
Origina	Original Assessed Value: Corrected Assessed Value:		
List an		*	
Is the a	amended assessment notice and information requi		
with sta	tutory timelines, send to the assessment review board a copy o for which the assessment roll was corrected, what correction wo		
(1.1) bej	.2) of the Municipal Government Act states that where the asse fore the date of the hearing in respect of the complaint, the con d, and the complainant has a new right of complaint in respect o		
	Scheduled hearings will not be cancelled and Complaint Fee referent notice and information required in accordance with s. 305		
Complainant – Please Print Name		Respondent – Please Print Name	
Complainant Signature		Respondent Signature	
Date		Date	

Central Alberta Regional Assessment Review Board 2nd Floor, 4914 48 Avenue Phone: 403-342-8132 Fax: 403-346-6195 Box 5008 Red Deer, AB T4N 3T4 Regional ARB@reddeer.ca