

# COMPLAINT WITHDRAWAL and AGREEMENT TO CORRECTION OF ASSESSMENT FORM

Municipality: \_\_\_\_\_

Tax Roll Number: \_\_\_\_\_

Municipal Address or Legal Description: \_\_\_\_\_

Hearing Date (if scheduled): \_\_\_\_\_

Original Assessment: \$ \_\_\_\_\_ Corrected Assessment: \$ \_\_\_\_\_

Provide reason(s) for change from Original Assessment to Corrected Assessment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby agree to the Assessor's correction of the property assessment as detailed above, for the **2025** tax year for the above stated tax roll number and agree that this amount is correct, fair, and equitable.

Furthermore, I hereby **withdraw my complaint** on the original assessment, and I agree that I will not file a complaint or appeal with the Assessment Review Board respecting this revised assessment for the 2025 tax year.

\_\_\_\_\_  
Complainant/Representative  
(Print Name)

\_\_\_\_\_  
Complainant/Representative  
(Signature)

( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )  
Date (dd/mm/yyyy)

**\*Please review and complete the Capacity to Act section below\***

The \_\_\_\_\_ agrees to the above.  
Insert name of municipality here

\_\_\_\_\_  
Assessor  
(Print Name)

\_\_\_\_\_  
Assessor  
(Signature)

( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )  
Date (dd/mm/yyyy)

**This form will only be accepted if it is:**

- (a) signed by the Complainant or Complainant's lawyer, or
- (b) accompanied by a statement signed and dated by the Complainant authorizing the signatory to act as the Complainant's agent.

**\* Capacity to Act** (please check one)

Complainant

Complainant's lawyer

Agent representing Complainant (*Agency Authorization attached*)

Other \_\_\_\_\_ (*Consent of Complainant attached*)