

Assessment Information		
Tax Roll Number:	Complaint Number:	Hearing Date:
Municipal Address or Legal Description:		
Check only <b>ONE</b> of the following assessment types that applies to the withdrawal:		
<input type="checkbox"/> Annual	<input type="checkbox"/> Supplemental	

Withdrawal of Assessment Complaint and Agreement to Correction of Assessment		
<b>Assessment Class</b>	<b>Original Assessment</b>	<b>Corrected Assessment</b>
	\$	\$
I agree to the Assessor's correction of the property assessment as detailed above, for the _____ <b>tax year</b> for the above stated tax roll number and agree that this amount is correct, fair and equitable.		
Furthermore, I <b>withdraw my complaint</b> about the original assessment and agree I will not file a complaint with the Assessment Review Board respecting this revised assessment for the _____ tax year.		
_____ Complainant/Agent Name*	_____ Complainant/Agent Signature*	_____ Date
The Strathcona County Assessment and Tax Department agrees to the above.		
_____ Assessor Name	_____ Assessor Signature	_____ Date
_____ Department Director Name	_____ Department Director Signature	_____ Date
*A Withdrawal of Assessment Complaint and Agreement to Correction of Assessment 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 or if such statement has already been filed with the Assessment Review Board.		

Filing Information		
<b>MAIL TO:</b> Assessment Review Board 2001 Sherwood Drive Sherwood Park, Alberta T8A 3W7	<b>DELIVER TO:</b> Assessment Review Board 3 <sup>rd</sup> Floor, North Wing Community Centre 401 Festival Lane, Sherwood Park	<b>EMAIL TO:</b> ARB@strathcona.ca  <b>FAX TO:</b> 780-464-8194

**Collection and use of personal information**

Personal information is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) and will be used for the management and administration of the Assessment Review Board complaint process. If you have any questions about the collection or use of your personal information, contact the Coordinator, Secretariat Services, Strathcona County at 780-464-8140.