

ROLL NO. _____

CHANGE OF ASSESSMENT FORM

**To: Town of Sundre/Regional Assessment Review Board
Assessment & Taxation Services
Box 420
SUNDRE, AB T0M 1X0
FAX: 1-403-638-2100
EMAIL: townmail@sundre.com**

Re: Address of Property: _____

I (We) agree to the revised market value assessment and will not file a complaint to the Assessment Review Board for the current tax year.

I (We) understand that the Revised Assessment is made without prejudice and that the deadline to accept this recommendation is _____ (Date).

Current Assessment \$ _____ Revised Assessment \$ _____

Owner/Agent Name (print clearly)

Owner/Agent Signature

Date

Property Assessor Signature