

ROLL NO. _____

WITHDRAWAL OF ASSESSMENT COMPLAINT

**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 hereby withdraw my (our) complaints to the Regional Assessment Review Board and accept the assessed value as noted below.

Current Assessment \$ _____ Revised Assessment \$ _____

Owner/Agent Name (print clearly)

Owner/Agent Signature

Filing Fee Refund to:

Name

Date of Withdrawal

Street/Box

City

Postal Code

Property Assessor Signature

Phone No.