



**ASSESSMENT REVIEW BOARD
TOWN OF HIGH RIVER**

WITHDRAWAL OF COMPLAINT

I, _____, wish to acknowledge that I am the owner, or authorized
(Name/Business)

agent of the Assessment Review Board Complaint for;

Civic Address: _____

Legal Description: Plan: _____ Block: _____ Lot: _____

Roll Number (Property): _____

Hearing Date: _____

I hereby withdraw my complaint to the Assessment Review board and accept the assessed value as noted below.

Agreed Assessed Value

Date

Applicants Withdrawal Comments:

Authorization (Signature)

Authorization (Print Name)

Assessor (Signature)

Print Name