

Withdrawal of Complaint Form

Property Under Complaint

Property Owner(s)	Hearing Date(s)
Roll Number(s)	Municipal Address

Check only **ONE** of the following assessment types that applies to your withdrawal:

ANNUAL AMENDED ANNUAL SUPPLEMENTARY REVISED SUPPLEMENTARY

I acknowledge that I am the property owner or authorized agent acting on behalf of the property owner.

WITHDRAWAL OF ASSESSMENT COMPLAINT

I hereby withdraw my complaint against the assessment for the assessment roll year of 20_____.

Complainant / Representative (Print name)

Complainant / Representative (Signature)

Date