

Assessment Review Board  
City Clerk's Office  
City Hall, 910 4 Avenue S  
Lethbridge, AB T1J 0P6  
403 320-3030  
[arb@lethbridge.ca](mailto:arb@lethbridge.ca)

Assessment and Taxation  
City Hall, 910 4 Avenue S  
Lethbridge, AB T1J 0P6  
Phone: 403 320-3111  
[assessment@lethbridge.ca](mailto:assessment@lethbridge.ca)

## WITHDRAWAL OF COMPLAINT

I, \_\_\_\_\_, wish to acknowledge that I am the owner, or authorized  
(Name)

Agent of \_\_\_\_\_ acting on behalf of the owner, of the property or  
(Company)

Business(s) located at: \_\_\_\_\_

Roll Number(s): \_\_\_\_\_

\_\_\_\_\_

Hearing Date: \_\_\_\_\_

Reason why the assessment is withdrawn:

\_\_\_\_\_

\_\_\_\_\_

I wish to withdraw my complaint against the assessment for the \_\_\_\_\_ assessment year.

\_\_\_\_\_  
*Authorization (Signature)*

\_\_\_\_\_  
*Authorization (Print Name)*

Date: \_\_\_\_\_

**Note: If a complainant withdraws their complaint on agreement with the Assessor, the complainant must notify the Assessment Review Board (ARB) Clerk of their intention to withdraw by completing the Withdrawal Form. Notice of withdrawal must be received three (3) business days prior to the hearing date in order for the ARB Clerk to refund complaint fees.**