



Withdrawal Form

Please note: This form is for withdrawing your appeal(s) or application(s) from the Assessment Review Board. Submit this form by surface mail or e-mail before your ARB hearing date.

Refund policy: There are NO refunds of the filing fee.

Appeal/Application Information

Roll Number:

Property Address:

Municipality:

Tax Year(s):

Appeal/application No.(s):

Appeal/Application/Representative Information

First name:

Last name:

Company (if any):

Mailing address:

City

Province:

Postal code:

Country (if not Canada):

Home #:

Business/other #:

Fax #:

E-mail address:

Withdraw

Did you file a Request for Reconsideration with MPAC? no yes

Did you settle your RFR with MPAC? yes no

If yes, attach a copy of your Minutes of Settlement – Copy attached yes no

I hereby withdraw the above appeal(s)/application(s).

Signature _____ Date: _____

For more information go online to <http://tribunalsontario.ca/arb/>

For office use only

Region No:

Hearing No:

Scheduler initials: