

**Assessment Review Board**

# ACKNOWLEDGMENT OF EXPERT’S DUTY

**Hearing Number:**

**Region Number:**

**Municipality:**

**Roll Number:**

**Property Location:**

**Appeal Numbers:**

1. My name is………………………………………………………………………(*name*)

I live at the …………………….………………………………………..(*municipality*)

in the……………...….……………………………………………..(*county or region*)

in the ….....……………………………………………………………….….(*province*)

1. I have been engaged by or on behalf of…....………………………………(*name of party/parties*) to provide evidence in relation to the above-noted Board proceeding.
2. I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:
	1. to provide opinion evidence that is fair, objective and non-partisan;
	2. to provide opinion evidence that is related only to matters that are within my area of expertise; and
	3. to provide such additional assistance as the Board may reasonably require, to determine a matter in issue.
3. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

Date………………………… …………………………………………………………….

 Signature