



ARB Withdrawal Form

Assessment Review Board, 655 Bay Street, Suite 1500, Toronto, Ontario M5G 1E5
Phone: (416) 212-6349 or 1-866-448-2248 Fax: (416) 314-3717 or 1-877-849-2066
Website: www.elto.gov.on.ca E-mail: assessment.review.board@ontario.ca

ARB Date Stamp

For office use only

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

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

Appeal/Application Information

Roll number:

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 19-digit number on Property Assessment Notice

Property Address: _____ Municipality: _____

Tax year(s): _____ Appeal/application No.(s): _____

Appellant/applicant/representative Information

I am the appellant/applicant for this appeal(s)/application(s) yes no

I am the representative for the appellant/applicant yes no

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 (RFR) with MPAC? no yes If yes, enter date filed ____/____/____
day month year

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, contact the ARB at (416) 212-6349 or 1-866-448-2248 or go online to www.elto.gov.on.ca

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Region No:

Hearing No:

Scheduler initials: