



**FOOTHILLS COUNTY**

309 Macleod Trail, Box 5605  
 High River, Alberta T1V 1M7  
 Tel: 403-652-2341 Fax: 403-652-7880  
 www.foothillscountyab.ca

Property Owner: \_\_\_\_\_ Assessment Year 20\_\_ / Tax Year 20\_\_  
 Phone/Email: \_\_\_\_\_ Roll Number: \_\_\_\_\_  
 Property Address/Legal Description: \_\_\_\_\_

	Original Assessment	Corrected Assessment
Land	\$	\$
Improvements	\$	\$
Farmland	\$	\$
<b>Total Property Assessment</b>	<b>\$</b>	<b>\$</b>

**AGREEMENT TO CORRECTION OF ASSESSMENT**

I hereby agree to the corrected assessment of the above noted property. I understand this assessed value reflects physical characteristics and/or mutual review of factors affecting the determination of an estimate of market value.

Furthermore, I agree this assessed value will not be further contested with an Assessment Review Board for the above noted assessment year (tax year).

\_\_\_\_\_  
 Property Owner/Representative Property Owner/Representative Date  
 (print name) (signature)

**WITHDRAWAL OF ASSESSMENT COMPLAINT**

I hereby withdraw my complaint concerning the original assessment of the above noted property and by doing so, I agree to the corrected assessment value of \$ \_\_\_\_\_

Hearing Date: (if scheduled): \_\_\_\_\_

Furthermore, I agree this assessed value will not be further contested with an Assessment Review Board for the above noted assessment year (tax year).

\_\_\_\_\_  
 Complainant/Representative Complainant/Representative Date  
 (print name) (signature)

The Foothills County Assessment Department agrees to the above.

\_\_\_\_\_  
 Assessor (print name) Assessor (signature) Date