



Tribunals Ontario

Assessment Review Board
15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6
Email: arb.registrar@ontario.ca
Website: tribunalsontario.ca/arb

Withdrawal Form
(Disponible en français)

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

Unit number:

Street number:

Street name:

City:

Province:

Postal code:

Country (if not Canada):

Home phone number:

Business phone number:

Fax number:

Email address:

Withdraw

Did you file a Request for Reconsideration with MPAC? No Yes

RFR Filing Date (dd/mm/yyyy): _____

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 (dd/mm/yyyy):

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

For office use only

Region No.: _____

Hearing No.: _____

Scheduler Initials: _____