

**COMPLAINT OF ASSESSMENT
2024 YELLOWKNIFE BOARD OF REVISION**

ASSESSED OWNER & MAILING ADDRESS	APPELLANT & MAILING ADDRESS (if different from Assessed Owner)
_____	_____
_____	_____
_____	_____
E-mail _____	E-mail _____
Phone _____	Phone _____

ROLL NUMBER: _____

STREET ADDRESS: _____
LOT _____ BLOCK _____ PLAN _____

ASSESSED VALUE:

LAND: \$ _____

IMPROVEMENTS: \$ _____

TOTAL: \$ _____

NATURE OF COMPLAINT:

LAND _____ IMPROVEMENTS _____ CLASSIFICATION _____

REASONS FOR COMPLAINT:
(Please provide specific reasons for why you think the assessment on this property should be adjusted, such as an error in lot size or building classification or an assessment value that is different from neighbours with similar lots and buildings. Add paper if needed.)

REMEDY BEING SOUGHT:

LAND: \$ _____ CLASSIFICATION: _____

IMPROVEMENTS: \$ _____

TOTAL: \$ _____

Date Signature