

**COMPLAINT OF ASSESSMENT  
2025 YELLOWKNIFE BOARD OF REVISION**

<b>ASSESSED OWNER &amp; MAILING ADDRESS</b>	<b>APPELLANT &amp; MAILING ADDRESS</b> (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