



PROPERTY ASSESSMENT APPEAL BOARD

**FORM 3 (RULE 23)
RECOMMENDATION
(PROPERTY ASSESSMENT APPEAL)**

SEND TO: Property Assessment Appeal Board
 1270 – 605 Robson Street
 Vancouver, BC, V6B 5J3
 Fax: 604-775-1742
 Toll-free fax: 1-888-775-1742
 Email: office@paab.bc.ca

Appeal Number(s): _____

The parties have agreed to resolve this appeal by changing the assessment as follows
(Indicate changes in values and classification and attach a Schedule if there are more roll numbers):

Roll Number:					
Review Panel Decision			Recommendation to the Board		
Exempt Tax Code ⁱ	Land	Improvements	Exempt Tax Code	Land	Improvements
Class ____	\$	\$	Class ____	\$	\$
Class ____	\$	\$	Class ____	\$	\$
Total:	\$		Total:	\$	
AST Applicable <input type="checkbox"/>			AST Applicable <input type="checkbox"/>		

Roll Number:					
Review Panel Decision			Recommendation to the Board		
Exempt Tax Code	Land	Improvements	Exempt Tax Code	Land	Improvements
Class ____	\$	\$	Class ____	\$	\$
Class ____	\$	\$	Class ____	\$	\$
Total:	\$		Total:	\$	
AST Applicable <input type="checkbox"/>			AST Applicable <input type="checkbox"/>		

Exemptions/AST *(include details only if changes are being recommended):*

Attach details on any other proposed changes

The reasons for the recommendation are *(Give complete reasons for the changes):*

 Name of the Appellant, or authorized agent

 Name of the Respondent, or authorized agent

 Signature of the Appellant, or authorized agent

 Signature of the Respondent, or authorized agent

Date: _____

Date: _____

ⁱ https://www.assessmentappeal.bc.ca/application/files/1517/4250/5625/Tax_Code_Lookup.xlsx