**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

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| --- | --- |
| **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** |
|  | ExemptTax Code[[1]](#endnote-1) | Land | Improvements |  | ExemptTax Code | Land | Improvements |
| Class \_\_\_ |  | $ | $ | Class \_\_\_  |  | $ | $ |
| Class \_\_\_ |  | $ | $ | Class \_\_\_ |  | $ | $ |
| **Total:** |  | **$** | **Total:** |  | **$** |

 AST Applicable: Yes [ ]  No [ ]  AST Applicable: Yes [ ]  No [ ]

|  |  |
| --- | --- |
| **Roll Number:** |  |
| **Review Panel Decision** | **Recommendation to the Board** |
|  | ExemptTax Code | Land | Improvements |  | ExemptTax Code | Land | Improvements |
| Class \_\_\_ |  | $ | $ | Class \_\_\_  |  | $ | $ |
| Class \_\_\_ |  | $ | $ | Class \_\_\_ |  | $ | $ |
| **Total:** |  | **$** | **Total:** |  | **$** |

 AST Applicable: Yes [ ]  No [ ]  AST Applicable: Yes [ ]  No [ ]

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

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|  |

Attach details on any other proposed changes

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

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|  |  |  |
| 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: |  |

1. https://www.assessmentappeal.bc.ca/application/files/1517/4250/5625/Tax\_Code\_Lookup.xlsx [↑](#endnote-ref-1)