

Property Assessment Appeal Withdrawal

Assessment Acco	unt Number:				
Assessed owner's	name:				
Appellant's name	(if different than owner):				
Property location					
l,	, withdraw my property assessment appeal for (please print name)				
the property list	ed above in relation to the following	assessment years:			
(please list year(s) as yyyy)					
Dated this	day of		, 20		
	(day)	(month)		(year)	
Signature:					

	Submit signed forms to PVSC by:	Questions? Contact PVSC:
Mail:	6 – 15 Arlington Place, Truro NS, B2N 0G9	1-800-380-7775 (within North America)
Fax:	1-888-339-4555 (within North America) 1-902-893-6101 (outside North America)	1-902-893-5800 (outside North America)
Email:	inquiry@pvsc.ca	www.pvsc.ca