

**COMPLAINT OF ASSESSMENT
2026 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 _____