

Withdrawal Form

Name of Complainant (Assessee):	
Assessee MA ID:	
Authorized Representative (if any):	
Assessment Year:	or Tax Year:

Please list the complaints you wish to withdraw **OR** attach a spreadsheet with the requisite information.

Municipality ID (TJ MA ID)	Property ID (LPAU ID)

Municipality ID (TJ MA ID)	Property ID (LPAU ID)

 Signature of Complainant OR Person authorized
 to act on behalf of Complainant

 Date

of Attachments: _____

Note: a complaint filed with the Municipal Government Board (MGB) remains outstanding until a recommendation or withdrawal for this complaint has been received by the MGB. Should you receive an amended notice that involves a filed complaint, the MGB will NOT know whether you agree with the amendment or not. If you are satisfied with the amendment, please withdraw your complaint with the MGB.