



Assessment Review Board  
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 Calgary AB T2P 2M5  
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## REQUEST TO GROUP COMPLAINTS INTO ONE HEARING (PROPERTY)

I, \_\_\_\_\_, the owner or authorized complainant, wish to group the following Roll Numbers to be heard at one hearing.

Roll Number: \_\_\_\_\_ File Number: \_\_\_\_\_  
 Location Address: \_\_\_\_\_ Original Hearing Date: \_\_\_\_\_

Roll Number: \_\_\_\_\_ File Number: \_\_\_\_\_  
 Location Address: \_\_\_\_\_ Original Hearing Date: \_\_\_\_\_

Roll Number: \_\_\_\_\_ File Number: \_\_\_\_\_  
 Location Address: \_\_\_\_\_ Original Hearing Date: \_\_\_\_\_

Roll Number: \_\_\_\_\_ File Number: \_\_\_\_\_  
 Location Address: \_\_\_\_\_ Original Hearing Date: \_\_\_\_\_

Roll Number: \_\_\_\_\_ File Number: \_\_\_\_\_  
 Location Address: \_\_\_\_\_ Original Hearing Date: \_\_\_\_\_

Roll Number: \_\_\_\_\_ File Number: \_\_\_\_\_  
 Location Address: \_\_\_\_\_ Original Hearing Date: \_\_\_\_\_

Roll Number: \_\_\_\_\_ File Number: \_\_\_\_\_  
 Location Address: \_\_\_\_\_ Original Hearing Date: \_\_\_\_\_

Roll Number: \_\_\_\_\_ File Number: \_\_\_\_\_  
 Location Address: \_\_\_\_\_ Original Hearing Date: \_\_\_\_\_

*I acknowledge that groupings are subject to review and may not be granted under all circumstances. A non refundable administration fee of \$10 per roll number will be charged for request to group complaints after the initial filing and must be paid at time of request.*

\_\_\_\_\_  
 Authorization (Signature)

\_\_\_\_\_  
 Authorization (Print Name)

Date: \_\_\_\_\_