



Assessment Review Board
 Po Box 2100 Stn M #222
 Calgary AB T2P 2M5
 Fax: 403-277-8421
 Email: info@CalgaryARB.ca

REQUEST TO GROUP COMPLAINTS INTO ONE HEARING (BUSINESS)

I, _____, the owner or authorized complainant, wish to group the following Business Identifiers (BID) to be heard at one hearing.

Business Identifier: _____ File Number: _____
 Location Address: _____ Original Hearing Date: _____

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I acknowledge that groupings are subject to review and may not be granted under all circumstances. A non refundable administration fee of \$10 per Business Identifier 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: _____