



**PROPERTY ASSESSMENT APPEAL BOARD**  
**FORM 8**  
**REQUEST TO RECONSIDER**  
**JURISDICTION**

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**SEND TO:** Property Assessment Appeal Board  
10 – 10551 Shellbridge Way  
Richmond, BC, V6X 2W9  
Fax: 604-775-1742  
Toll-free Fax: 1-888-775-1742  
Email: office@paab.bc.ca

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

Appeal No: \_\_\_\_\_

Roll Number(s): \_\_\_\_\_

\_\_\_\_\_

I request the Board reconsider the jurisdiction to deal with my appeal. I believe the Board has jurisdiction for the following reasons:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(further details or documents may be attached)

The appeal fees have been paid.

or

The appeal fees are enclosed.

\_\_\_\_\_  
Name of party requesting reconsideration

\_\_\_\_\_  
Signature of party requesting reconsideration