



PROPERTY ASSESSMENT APPEAL BOARD
FORM 8
REQUEST TO RECONSIDER
JURISDICTION

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:

(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