



# PROPERTY ASSESSMENT APPEAL BOARD

## FORM 3 (RULE 23) RECOMMENDATION (PROPERTY ASSESSMENT APPEAL)

**SEND TO:** Property Assessment Appeal Board  
1270 – 605 Robson Street  
Vancouver, BC, V6B 5J3  
Fax: 604-775-1742  
Toll-free fax: 1-888-775-1742  
Email: [office@paab.bc.ca](mailto:office@paab.bc.ca)

**Appeal Number(s):** \_\_\_\_\_  
\_\_\_\_\_

The parties have agreed to resolve this appeal by changing the assessment as follows  
(Indicate changes in values and classification and attach a Schedule if there are more roll numbers):

Roll Number:			Roll Number:		
Review Panel Decision			Recommendation to the Board		
Exempt Tax Code <sup>i</sup>	Land	Improvements	Exempt Tax Code	Land	Improvements
Class ____	\$	\$	Class ____	\$	\$
Class ____	\$	\$	Class ____	\$	\$
<b>Total:</b>	<b>\$</b>		<b>Total:</b>	<b>\$</b>	

AST Applicable: Yes ☐ No ☐

Roll Number:			Roll Number:		
Review Panel Decision			Recommendation to the Board		
Exempt Tax Code	Land	Improvements	Exempt Tax Code	Land	Improvements
Class ____	\$	\$	Class ____	\$	\$
Class ____	\$	\$	Class ____	\$	\$
<b>Total:</b>	<b>\$</b>		<b>Total:</b>	<b>\$</b>	

AST Applicable: Yes ☐ No ☐

Exemptions/AST (include details only if changes are being recommended):

\_\_\_\_\_  
\_\_\_\_\_

Attach details on any other proposed changes

The reasons for the recommendation are (Give complete reasons for the changes):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of the Appellant, or authorized agent

\_\_\_\_\_  
Name of the Respondent, or authorized agent

\_\_\_\_\_  
Signature of the Appellant, or authorized agent

\_\_\_\_\_  
Signature of the Respondent, or authorized agent

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

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

<sup>i</sup> [https://www.assessmentappeal.bc.ca/application/files/1517/4250/5625/Tax\\_Code\\_Lookup.xlsx](https://www.assessmentappeal.bc.ca/application/files/1517/4250/5625/Tax_Code_Lookup.xlsx)