

Business Name and/or

Name of Appellant

NOTICE OF APPEAL Tax Incentive Appeal Board

IMPORTANT INFORMATION - Your notice of appeal must be accompanied by:

- The \$500.00 appeal filing fee; and,
- A copy of the Decision being appealed. A word or pdf, scanned copy or photo of the original can be submitted by email to appealboard@calgary.ca.

Appeals must be filed within certain time periods. For more information, consult the Decision being appealed, the Bylaw that applies, and the Municipal Government Act.

Representative Name

(if applicable)

Address			Address		
City			City		
Province			Province		
Postal Code			Postal Code		
Email Address			Email Address		
Daytime Phone #			Daytime Phone #		
Secondary Phone #			Secondary Phone #		
Additional Informatio	on				
Date the Decision was received (YYYY/MM/DD)		Municipal Address of Site (if applicable)			
City		Province			Postal Code
Reasons for Appeal Explain your reasons for ap detail as possible.	opeal. A copy of this noti	ice will be provided to Bo	oard members and to the (City Administrati	on. Please provide as much
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(Attach a separate page if required)

In order to assist the Board in scheduling, please answer the following questions to the best of your ability:

Estimated Presentation Time							
Do you anticipate any preliminary issues with your appeal? (i.e. jurisdiction, parties status as affected persons, adjournment, etc.)							
		⁄es	☐ No	Unknown			
Do you anticipate bringing any witnesses/experts to your hearing?							
		⁄es	No	Unknown			
Signature of Appellant / Representat	ive						
Date YYYY-MM-DD							
FOR OFFICE USE ONLY							
Final Date of Appeal (YYYY/MM/DD)	TIAB Appeal Number	Fee Paid		Hearing Date (YYYY/MM/DD)	Decision Date (YYYY/MM/DD)		
		Yes	☐ No				

PAYMENT INFORMATION

Payment may be made by Cash, Cheque or Debit only. Please make cheques payable to The City of Calgary.

FILING INFORMATION

PLEASE NOTE: Appeals cannot be filed by email or fax as the filing fee <u>must</u> accompany the appeal at the time of filing.

If you mail the appeal, it must be received by the Tax Incentive Appeal Board office on or before the final date for appeal.

MAIL TO:	DELIVER TO:
City Appeal Boards Tax Incentive Appeal Board P.O. Box 2100, Station M, #222 Calgary, AB T2P 2M5	City Appeal Boards Tax Incentive Appeal Board 4th Floor, 1212 31 Avenue NE Deerfoot Junction III Building (DJ3) Calgary, AB T2E 7S8

If you require further information regarding appeal deadlines and procedures, please contact the TIAB office at:

Website: <u>calgary.ca/tiab</u> Phone: (403) 268-5312

Email: appealboard@calgary.ca

The personal information collected in this form is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and Section 364.2 of the Municipal Government Act. THIS INFORMATION WILL BE USED FOR PROCESSING YOUR APPEAL AND WILL BECOME PART OF A PUBLIC AGENDA. The provided contact information may also be used to contact you regarding your appeal. If you have any questions regarding the collection of this information, contact the Tribunal Coordinator, City Appeal Boards at 403-268-5312 or PO Box 2100, Stn "M", #8110, Calgary, AB, T2P 2M5.

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