

**Matters Relating to Assessment Complaints Regulation  
Stakeholder Discussion Feedback Form**

Contact Information (optional):

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Which session did you attend?

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

AM     PM

Which stakeholder group(s) do you belong to:

Assessors

ARB Members

ARB Clerks

Taxpayers

Taxpayer Representatives

Taxpayers' Associations

Municipal Associations

Subject of Feedback (check only one item per form):

Access to Information

Awarding of Costs

Training and Qualifications

Disclosure

Timelines

Complaint Forms

Complaint Fees

Written Decisions

One-Member Board/Panel

Agent Authorization

Board Member Remuneration

Other: \_\_\_\_\_

What are the anticipated operational and/or technical difficulties, if any, pertaining to the subject checked above?

If operational and/or technical difficulties are anticipated, please explain why?

What solutions would you propose to solve any anticipated operational and/or technical difficulties?