



NOTICE OF OBJECTION

NAME	ADDRESS
TAXPAYER NUMBER	

HOME NUMBER	WORK NUMBER	CELL NUMBER	E-MAIL ADDRESS

TYPE OF DOCUMENT TO WHICH OBJECTION IS MADE		
NOTICE OF ASSESSMENT <input type="checkbox"/>	NOTICE OF RE-ASSESSMENT <input type="checkbox"/>	OTHER <input type="checkbox"/>

POSTAL DATE OF NOTICE	ASSESSMENT NUMBER	YEAR OF INCOME

STATEMENT OF FACTS AND REASONS
Provide a complete statement of the facts upon which the objection is based and set-out the reasons for the objection If space is insufficient, attach a separate sheet

NAME OF AUTHORIZED AGENT (if applicable)	ADDRESS OF AUTHORIZED AGENT (if applicable)

HOME NUMBER	WORK NUMBER	CELL NUMBER	E-MAIL ADDRESS

_____ DATE

TAXPAYER'S OR AUTHORIZED AGENT'S SIGNATURE