

APPLICATION

Application Number

TO THE COUNCIL OR ASSESSMENT REVIEW BOARD

FOR ADJUSTMENT OF TAXES FOR THE FOR THE YEAR

UNDER SECTION 357 OR SECTION 358 OF THE MUNICIPAL ACT, 2001, c. 25

Assessed Address	Roll Number	City	Mun.	Map Div	Sub-Div	Parcel	Prim /Sub
Name of Assessed Person						Telephone No	
Mailing Address of Assessed Person						Postal Code	
Name of Applicant						Telephone No	
Mailing Address of Applicant						Postal Code	
REASON FOR APPLICATION: (CHECK APPROPRIATE BOX - ONE ONLY)							
<input type="checkbox"/> Ceased to be liable to be taxed at rate it was taxed - s. 357(1)(a)				<input type="checkbox"/> Vacant or excess land - s. 357(1)(b)			
<input type="checkbox"/> Became exempt - s. 357(1)(c)				<input type="checkbox"/> Sickness or extreme poverty - s. 357(1)(d 1)			
<input type="checkbox"/> Razed by fire, demolition or otherwise - s. 357(1)(d)(i)				<input type="checkbox"/> Mobile unit removed - s. 357(1)(e)			
<input type="checkbox"/> Damaged by fire, demolition or otherwise - (substantially unusable) - s. 357(1)(d)(ii)				<input type="checkbox"/> Gross or manifest clerical error - s. 357(1)(f) or 358(1)			
				<input type="checkbox"/> Repairs/renovations preventing normal use for a period of 3 months - s. 357(1)(g)			
DETAILS OF REASON							
PERIOD TAX RELIEF CLAIMED: From To							
				Date			
Applicant's Signature						Date of Application	

ASSESSMENT REPORT - MUNICIPALITY				ASSESSMENT REPORT - MPAC				
Assessment roll as returned		Revised since roll returned Enter revisions below <input type="checkbox"/>		<input type="checkbox"/> No change in assessment		<input type="checkbox"/> Section 357 required for next year		
RTC/RTQ	Base-year CVA	Base-year CVA	Current Phased Assessment	Revised RTC/RTQ	Revised Base-year CVA	Revised Base-year CVA	Revised Current Phased Assessment	Change to Current Phased Assessment
Revised:				Reason for change (MPAC comments):				
Reason original assessment revised:				MPAC Staff Name: _____				
				Signature: _____				
				Date: _____				

REPORT ON TAX LIABILITY						
RTC/RTQ	Taxable Realty Assessment Reduction	Tax Rate	Days	Months	Amount of Tax Adjustment	Original Tax Levy
<input type="checkbox"/> NO RECOMMENDATION FOR TAX ADJUSTMENT <input type="checkbox"/> Reduction <input type="checkbox"/> Cancellation <input type="checkbox"/> Refund TOTAL ▶						

Comments

Signature Date

COUNCIL OR ASSESSMENT REVIEW BOARD - DECISION MADE UPON ABOVE APPLICATION				
<input type="checkbox"/> APPROVED (Tax to be adjusted accordingly)	<input type="checkbox"/> AMENDED AND APPROVED (Tax to be adjusted accordingly)	<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> APPLICANT DID NOT APPEAR	<input type="checkbox"/> APPLICATION ABANDONED
REASON:				
Appeared for Applicant		Appeared for Municipality		
Date of Hearing				
Signature of Secretary or Board Clerk		Signature of Council Rep. or ARB Member		

The information on this form will be used for the purpose of processing tax applications filed under the *Municipal Act, 2001, c. 25, ss. 357 and 358*. Questions regarding the collection of personal information should be directed to the Municipal Clerk or the Freedom of Information and Privacy Coordinator of the municipality.