

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"/> Became exempt - s. 357(1)(c) <input type="checkbox"/> Razed by fire, demolition or otherwise - s. 357(1)(d)(i) <input type="checkbox"/> Damaged by fire, demolition or otherwise - (substantially unusable) - s. 357(1)(d)(ii)				<input type="checkbox"/> Vacant or excess land - s. 357(1)(b) <input type="checkbox"/> Sickness or extreme poverty - s. 357(1)(d.1) <input type="checkbox"/> Mobile unit removed - s. 357(1)(e) <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				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
Reason original assessment revised:				Reason for change (MPAC comments):				
MPAC Staff Name: _____				Signature: _____				
Date: _____				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.