

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"/> Sickness or extreme poverty - s. 357(1)(d.1)			
<input type="checkbox"/> Became exempt - s. 357(1)(c)				<input type="checkbox"/> Mobile unit removed - s. 357(1)(e)			
<input type="checkbox"/> Razed by fire, demolition or otherwise - s. 357(1)(d)(i)				<input type="checkbox"/> Gross or manifest clerical error - s. 357(1)(f) or 358(1)			
<input type="checkbox"/> Damaged by fire, demolition or otherwise - (substantially unusable) - s. 357(1)(d)(ii)				<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				
Original RTC/RTQ	Original Current Value	Revised RTC/RTQ	Revised Current Value	Assessment Reduction

SCHOOL BOARD: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	EFFECTIVE DATE >
Comments	Comments
Name - Designated Officer (print)	Name - Assessor (print)
Signature	Signature
Date:	Date
<input type="checkbox"/> NO CHANGE IN ASSESSMENT <input type="checkbox"/> SECTION 357 REQUIRED NEXT YEAR	

REPORT OF TAX LIABILITY						
RTC/RTQ	Taxable Realty Assessment Reduction	Tax Rate	Days <input type="checkbox"/>	Months <input type="checkbox"/>	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 is collected under the authority of the *Municipal Act, 2001*, c. 25, ss. 357 and 358 and will be used for the purposes stated in this application. Questions should be directed to the Municipal Clerk or the Freedom of Information and Privacy Coordinator of the municipality.