

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 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">City.</td> <td style="font-size: small;">Mun.</td> <td style="font-size: small;">Map Div.</td> <td style="font-size: small;">Sub-Div.</td> <td style="font-size: small;">Parcel</td> <td style="font-size: small;">Prim./Sub.</td> </tr> </table>	City.	Mun.	Map Div.	Sub-Div.	Parcel	Prim./Sub.
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"/> Mobile unit removed - s. 357(1)(e)
<input type="checkbox"/> Became exempt - s. 357(1)(c)	<input type="checkbox"/> Gross or manifest clerical error - s. 357(1)(f) or 358(1)
<input type="checkbox"/> Destruction or damage - not voluntary - s. 357(1)(d)(i)	<input type="checkbox"/> Repairs/renovations preventing normal use for a period of 3 months - s. 357(1)(g)
<input type="checkbox"/> Destruction or damage - (substantially unusable) - s. 357(1)(d)(ii)	

DETAILS OF REASON

PERIOD TAX RELIEF CLAIMED: From To

Date Date

Applicant's Signature Date of Application

CLERK'S REPORT		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 of Clerk (please print)	Name of Assessor (please print)
Signature of Clerk	Signature of Assessor
Date:	Date
<input type="checkbox"/> NO CHANGE IN ASSESSMENT <input type="checkbox"/> SECTION 357 REQUIRED NEXT YEAR	

TREASURER'S 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.