

# 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 Cty. 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
<b>REASON FOR APPLICATION: (CHECK APPROPRIATE BOX - ONE ONLY)</b>	
<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 .....	
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	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 <b>TOTAL</b>						

Comments .....
Signature ..... Date .....

<b>COUNCIL OR ASSESSMENT REVIEW BOARD - DECISION MADE UPON ABOVE APPLICATION</b>				
<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.