

Application Number

**APPLICATION  
 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)**
- Ceased to be liable to be taxed at rate it was taxed - s. 357(1)(a)
  - Became exempt - s. 357(1)(c)
  - Razed by fire, demolition or otherwise - s. 357(1)(d)(f)
  - Damaged by fire, demolition or otherwise - (substantially unusable) - s. 357(1)(d)(ff)
  - Vacant or excess land - s. 357(1)(b)
  - Sickness or extreme poverty - s. 357(1)(d.1)
  - Mobile unit removed - s. 357(1)(e)
  - Gross or manifest clerical error - s. 357(1)(f) or 358(1)
  - Repairs/renovations preventing normal use for a period of 3 months - s. 357(1)(g)

**DETAILS OF REASON** .....

**PERIOD TAX RELIEF CLAIMED: From** ..... **Date** .....

**To** ..... **Date** .....

**Applicant's Signature** .....

**Date of Application** .....

**ASSESSMENT REPORT - MUNICIPALITY**

RTC/RTQ	Taxable Realty Assessment Reduction	Revised since roll returned Enter revisions below		Revised Current Phased Assessment		Change to Current Phased Assessment
		Base-year CVA	Current Phased Assessment	Revised Base-year CVA	Revised Current Phased Assessment	

Reason original assessment revised: .....

Reason for change (MPAC comments): .....

MPAC Staff Name: .....

Signature: .....

Date: .....

**ASSESSMENT REPORT - MPAC**

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

Comments: .....

Signature .....

Date .....

**COUNCIL OR ASSESSMENT REVIEW BOARD - DECISION MADE UPON ABOVE APPLICATION**

**APPROVED**  
(Tax to be adjusted accordingly)

**AMENDED AND APPROVED**  
(Tax to be adjusted accordingly)

**NOT APPROVED**

**APPLICATION DID NOT APPEAR**

**APPLICATION ABANDONED**

**REASON:** .....

Appeared for Applicant: .....

Date of Hearing: .....

Signature of Secretary or Board Clerk: .....

Signature of Council Rep. or ARB Member: .....