

# 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"/> Vacant or excess land - s. 357(1)(b)  |                           |          |               |        |            |
| <input type="checkbox"/> Became exempt - s. 357(1)(c)   |  |  |  | <input type="checkbox"/> Sickness or extreme poverty - s. 357(1)(d.1)                                      |                           |          |               |        |            |
| <input type="checkbox"/> Razed by fire, demolition or otherwise - s. 357(1)(d)(i)                               |  |  |  | <input type="checkbox"/> Mobile unit removed - s. 357(1)(e)  |                           |          |               |        |            |
| <input type="checkbox"/> Damaged by fire, demolition or otherwise - (substantially unusable) - s. 357(1)(d)(ii) |  |  |  | <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 <input type="checkbox"/><br>Enter revisions below |                                 | <input type="checkbox"/> No change in assessment <input type="checkbox"/> Section 357 required for next year |                          |                          |                                      |  |
| RTC/RTQ                             | .....<br>Base-year CVA | .....<br>Base-year CVA  | Current<br>Phased<br>Assessment | Revised<br>RTC/RTQ   | Revised<br>Base-year CVA | Revised<br>Base-year CVA | Revised Current<br>Phased Assessment | Change to Current<br>Phased Assessment |
|                                     |                        |   |                                 |  |                          |                          |                                      |  |
|                                     |                        |   |                                 |  |                          |                          |                                      |  |
|                                     |                        |   |                                 |  |                          |                          |                                      |  |
|                                     |                        |   |                                 |  |                          |                          |                                      |  |
| Revised:                            |                        |   |                                 | Reason for change (MPAC comments):   |                          |                          |                                      |  |
|                                     |                        |   |                                 |  |                          |                          |                                      |  |
|                                     |                        |   |                                 |  |                          |                          |                                      |  |
| Reason original assessment revised: |                        |   |                                 | MPAC Staff Name: _____   |                          |                          |                                      |  |
|                                     |                        |   |                                 | Signature: _____   |                          |                          |                                      |  |
|                                     |                        |   |                                 | 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<br>(Tax to be adjusted accordingly)     | <input type="checkbox"/> AMENDED AND APPROVED<br>(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.