



APPLICATION FOR ADJUSTMENT OF TAXES

UNDER SECTION 357 OF THE MUNICIPAL ACT, 2001,c.25

Assessed Address _____	Roll Number <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">City.</td> <td style="width:15%;">Mun.</td> <td style="width:15%;">Map Div.</td> <td style="width:15%;">Sub-div.</td> <td style="width:15%;">Parcel</td> <td style="width:15%;">Prim/Sub.</td> </tr> <tr> <td style="text-align: center;">52</td> <td style="text-align: center;">31</td> <td style="text-align: center;">000</td> <td></td> <td></td> <td></td> </tr> </table>	City.	Mun.	Map Div.	Sub-div.	Parcel	Prim/Sub.	52	31	000			
City.	Mun.	Map Div.	Sub-div.	Parcel	Prim/Sub.								
52	31	000											

Name of Assessed Person _____	Telephone No. _____
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Mailing Address of Assessed Person _____	Postal Code _____
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Name of Applicant _____	Telephone No. _____
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Mailing Address of Applicant _____	Postal Code _____
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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"/> Became exempt - s.357(1)(c) <input type="checkbox"/> Destruction or damage - not voluntary - s.357(1)(d)(i) <input type="checkbox"/> Destruction or damage - (substantially unusable) - s.357(1)(d)(ii)	<input type="checkbox"/> Mobile unit removed - s.357(1)(e) <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)
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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 _____ Comments: _____ _____ _____ _____ Name of Clerk (please print) _____ Signature of Clerk _____ Date _____	EFFECTIVE DATE: _____ Comments: _____ _____ _____ _____ Name of Assessor (please print) _____ Signature of Assessor _____ Date _____ <input type="checkbox"/> NO CHANGE IN ASSESSMENT <input type="checkbox"/> SECTION 357 REQUIRED NEXT YEAR
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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 _____	