

**SECTION 357/358 APPLICATION
TO THE COUNCIL OR THE ASSESSMENT REVIEW BOARD**

Application/Appeal # _____

Taxation Year _____

Municipality: _____ **Roll Number:** 1419 000 0000
Property Address: _____ **Applicant Name:** _____
Owner Name: _____ **Contact Number:** _____
Mailing Address: _____ **Alternative No:** _____

Reason for Application: (Check one box only)

<input type="checkbox"/> Ceases to be liable for tax at rate it was taxed - 357(1)(a)	<input type="checkbox"/> Sickness or extreme poverty - 357(1)(d.1)
<input type="checkbox"/> Became exempt - 357(1)(c)	<input type="checkbox"/> Mobile unit removed - 357(1)(e)
<input type="checkbox"/> Razed by fire, demolition or otherwise - 357(1)(d)(i)	<input type="checkbox"/> Gross or manifest clerical/factual error - 357(1)(f)
<input type="checkbox"/> Damaged and substantially unusable - 357(1)(d)(ii)	<input type="checkbox"/> Repairs/Reno's preventing normal use (min. 3 months) - 357(1)(g)

Details of Reason: _____

Effective from: _____ to _____ Applicant Signature: _____ Date: _____
(MM/DD/YY) (MM/DD/YY)

ASSESSMENT REPORT: MUNICIPALITY				ASSESSOR				
Assessment Roll As Returned		Revised Since Roll Return <input type="checkbox"/>		Assessment Report		School Bd: <input type="checkbox"/> Eng <input type="checkbox"/> Fr <input type="checkbox"/> Other		
		Enter Revisions Below		<input type="checkbox"/> No Change in Assessment		<input type="checkbox"/> S357 Required for Next Year		

RTC/RTQ	2012 Base-year CVA	2016 Base-year CVA	Current Phased Assessment	Revised RTC/RTQ	Revised 2012 Base-year CVA	Revised 2016 Base-year CVA	Revised Current Phased Assessment	Change to Current Phased Assessment
Revised:				Reason for Change (Assessor Comments):				

Reason Original Assessment Revised: _____

Assessor Name: _____ Signature: _____ Date: _____

TREASURER'S REPORT ON TAX LIABILITY

RTC/RTQ	Taxable Assessment Reduction	Tax Rate	Days/Months	Tax Adjustment	Original Levy

Recommended: No Adjustment Adjustment Cancellation Refund Total Amount: _____

Comments: _____

Treasury Position: _____ Signature: _____ Date: _____

COUNCIL OR ASSESSMENT REVIEW BOARD DECISION: Hearing Date (MM/DD/YY): _____

Approved Amended & Approved Not Approved Applicant Did Not Appear Application Abandoned

Reason: _____

Appeared for Applicant _____ Appeared for Municipality _____

Signature of Council/ARB Member _____ Name/Title _____