

**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 |
|-----------------|--------------------|--------------------|---------------------------|---|----------------------------|----------------------------|-----------------------------------|-------------------------------------|
|                 |                    |                    |                           |   |                            |                            |                                   |                                     |
|                 |                    |                    |                           |   |                            |                            |                                   |                                     |
|                 |                    |                    |                           |   |                            |                            |                                   |                                     |
|                 |                    |                    |                           |   |                            |                            |                                   |                                     |
| <b>Revised:</b> |                    |                    |                           | <b>Reason for Change (Assessor Comments):</b> |                            |                            |                                   |                                     |
|                 |                    |                    |                           |   |                            |                            |                                   |                                     |
|                 |                    |                    |                           |   |                            |                            |                                   |                                     |
|                 |                    |                    |                           |   |                            |                            |                                   |                                     |

Reason Original Assessment Revised: \_\_\_\_\_  
Assessor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| 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 \_\_\_\_\_