

**SECTION 357 / 358 / 359 APPLICATION
TO THE COUNCIL OR THE ASSESSMENT REVIEW BOARD**

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|-----------------------|
| Application/Appeal #: |
| Taxation Year: |

Municipality: _____ Roll Number: _____
 Property Address: _____ Applicant Name: _____
 Owner Name: _____ Contact Number: _____
 Mailing Address: _____ Alternative Number: _____
 _____ Email Address: _____

Reason for s357 application: (Check one box – applicable to s357 only)

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

Details of Reason for s357, s358 or s359 application: _____

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

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

| RTC/RTQ | 2005 Base-year CVA | 2008 Base-year CVA | Current Phased Assessment | Revised RTC/RTQ | Revised 2005 Base-year CVA | Revised 2008 Base-year CVA | Revised Current Phased Assessment | Change to Current Phased Assessment |
|---------|--------------------|--------------------|---------------------------|-----------------|----------------------------|----------------------------|-----------------------------------|-------------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Revised: _____

Reason for Change: _____

Reason Original Assessment Revised: _____

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: _____