

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

Application/Appeal # _____

Taxation Year: _____

Municipality: _____ Roll Number: _____

Property Address: _____ Applicant Name: _____

Owner Name: _____ Contact Number: _____

Mailing Address: _____ Alternative Num: _____

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"/> 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 (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 _____