

**SECTION 357/358 APPLICATION**

<b>Application/Appeal #:</b>
<b>Taxation Year:</b>

**Municipality:** \_\_\_\_\_  
**Property Address:** \_\_\_\_\_  
**Owner Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Roll Number:** \_\_\_\_\_  
**Applicant Name:** \_\_\_\_\_  
**Contact Number:** \_\_\_\_\_  
**Alt. Number:** \_\_\_\_\_

**REASON FOR APPLICATION (check one box only)**

<input type="checkbox"/> Ceases to be liable for tax rate it was taxed – 357(1)(a)	<input type="checkbox"/> Became exempt – 357(1)(c)
<input type="checkbox"/> Mobile unit removed – 357(1)(e)	<input type="checkbox"/> Gross or manifest clerical/factual error - 357(1)(f)
<input type="checkbox"/> Razed by fire, demolition or otherwise – 357(1)(d)(i)	<input type="checkbox"/> Unable to Pay Taxes due to sickness or extreme poverty – 357(1)(d.1)
<input type="checkbox"/> Damaged and substantially unstable – 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) (mm/dd/yy)

**ASSESSMENT REPORT**

MUNICIPALITY				ASSESSOR				
Assessment Roll As Returned		Revised Since Roll Return Enter revisions below		Assessment Report School Board: <input type="checkbox"/> Eng <input type="checkbox"/> Fr <input type="checkbox"/> Other				
RTC/RTQ	2005 Base-year CVA	2008 Base-year CVA	Current Phased Assessment	<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
<b>Revised:</b>				<b>Reason for Change (assessor comments):</b> _____ _____ _____				
<b>Reason original assessment revised:</b>								
<b>Assessor Name:</b> _____				<b>Signature:</b> _____		<b>Date:</b> ____/____/____ (mm/dd/yy)		

**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:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mm/dd/yy)

**COUNCIL OR ASSESSMENT REVIEW BOARD DECISION**

Approved     Adjustment     Not Approved     Applicant Did Not Appear     Application Abandoned

**Reason:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Appeared for Applicant:** \_\_\_\_\_    **Appeared for Municipality:** \_\_\_\_\_

**Signature of Council/ARB Member:** \_\_\_\_\_    **Name/Title:** \_\_\_\_\_