

**SECTION  357 /  358 /  359 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 Number: \_\_\_\_\_  
 \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Ceases to be liable for tax at rate it was taxed – 357(1)(a)     Became vacant or excess land – 357(1)(b)  
 Became exempt – 357(1)(c)     Sickness or extreme poverty – 357(1)(d.1)  
 Razed by fire, demolition or otherwise – 357(1)(d)(i)     Mobile unit removed – 357(1)(e)  
 Damaged and substantially unusable – 357(1)(d)(ii)     Gross or manifest clerical/factual error – 357(1)(f)  
 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	2008 Base-year CVA	2012 Base-year CVA	Current Phased Assessment	Revised RTC/RTQ	Revised 2008 Base-year CVA	Revised 2012 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: \_\_\_\_\_