

**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)**

Ceases to be liable for tax at rate it was taxed - 357(1)(a)       Sickness or extreme poverty - 357(1)(d.1)  
 Became exempt - 357(1)(c)       Mobile unit removed - 357(1)(e)  
 Razed by fire, demolition or otherwise - 357(1)(d)(i)       Gross or manifest clerical/factual error - 357(1)(f)  
 Damaged and substantially unusable - 357(1)(d)(ii)       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	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: \_\_\_\_\_