

Return to Municipal Office
after site cleaned up

SECTION 357/358 APPLICATION

TO THE COUNCIL OR THE ASSESSMENT REVIEW BOARD

Application/Appeal #

Taxation Year:

Municipality: North Perth Roll Number: 31-40-_____
 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
Enter Revisions Below

Assessment Report School Bd: Eng Fr Other
 No Change in Assessment 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

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: _____