



A Natural Attraction

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 No: \_\_\_\_\_

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)

(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	2012 Base-year CVA	2016 Base-year CVA	Current Phased Assessment	Revised RTC/RTQ	Revised 2012 Base-year CVA	Revised 2016 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: \_\_\_\_\_

(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: \_\_\_\_\_

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 \_\_\_\_\_