

SECTION 357/358 APPLICATION

TO THE COUNCIL OR THE ASSESSMENT REVIEW BOARD

Application/Appeal #

Taxation Year:

Account #

Municipality: City of Brantford

Property Address: _____

Roll Number: 29 - 06 - _____ - _____ - _____

Owner Name: _____

Applicant Name: _____

Mailing Address: _____

Contact Number: _____

Alternate Num.: _____

Reason for Application: (Check one box only)

- | | |
|---|--|
| <input type="checkbox"/> Ceases to be liable for tax at rate it was taxed – 357(1)(a) | <input type="checkbox"/> Sickness or extreme poverty – 357(1)(d.1) |
| <input type="checkbox"/> Became exempt – 357(1)(c) | <input type="checkbox"/> Mobile unit removed – 357(1)(e) |
| <input type="checkbox"/> Razed by fire, demolition or otherwise – 357(1)(d)(i) | <input type="checkbox"/> Gross or manifest clerical/factual error – 357(1)(f) |
| <input type="checkbox"/> Damaged and substantially unusable – 357(1)(d)(ii) | <input type="checkbox"/> Repairs/Reno's preventing normal use (min. 3 months) – 357 (1)(g) |

Details of Reason: _____

Applicant acknowledges that any adjustment will be: (a) credited to the tax account and/or refunded to the owner of the land as shown on the tax roll on the date the adjustment is made; or (b) the City shall send another tax bill to raise the amount of any underpayment. (Municipal Act, 2001 S. 341.) If you sell the property, you must make arrangements in the sale/purchase agreement to protect your right to any tax adjustment in your favour.

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 <input type="checkbox"/>	Assessment Report School Brd: <input type="checkbox"/> Eng. <input type="checkbox"/> Fr. <input type="checkbox"/> Other
	Roll Return : <input type="checkbox"/>	<input type="checkbox"/> No Change in Assessment <input type="checkbox"/> S.357 Required for Next Year
Enter Revisions Below		

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: ____/____/____
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 _____