

# CHAPPLE TOWNSHIP APPLICATION

DTS# -

UNDER SECTION 357  OR SECTION 358  OF THE MUNICIPAL ACT, 2001 c. 25

FOR ADJUSTMENT OF TAXES FOR THE YEAR **20**  
TO THE COUNCIL OR ASSESSMENT REVIEW BOARD

Assessed Address	Roll Number <small>CTY      MUN      MAP-DIV      SUB-DIV      PARCEL      PRIM/SUB</small>
Name of Assessed Person	Telephone No.
Mailing Address of Assessed Person	Postal Code
Name of Applicant	Telephone No.
Mailing Address of Applicant	Postal Code

**REASON FOR APPLICATION: (Check appropriate box – Only one)**

<input type="checkbox"/> Ceased to be liable to be taxed at rate it was taxed – s.357 (1)(a) <input type="checkbox"/> Became Exempt – s.357 (1)(c) <input type="checkbox"/> Razed by fire, demolition or other – s.357 (1)(d)(i) <input type="checkbox"/> Damaged by fire, demolition or otherwise (substantially unusable) - s.357 (1)(d)(ii)	<input type="checkbox"/> Sickness or extreme poverty – s.357(1)(d1) <input type="checkbox"/> Mobile unit removed – s.357 (1)(e) <input type="checkbox"/> Gross or manifest clerical error – s.357 (1)(f) or 358 (1) <input type="checkbox"/> Repairs/renovations preventing normal use for a period of 3 months – s.357(1)(g)
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DETAILS OF REASON: \_\_\_\_\_

PERIOD OF RELIEF CLAIMED: **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
DATE: DATE:

Applicant's Signature \_\_\_\_\_ Date of Application: \_\_\_\_\_

ASSESSMENT REPORT				
Original RTC/RTQ	Original Current Value	Revised RTC/RTQ	Revised Current Value	Assessment Reduction
SCHOOL BOARD: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other ...		EFFECTIVE DATE: ©		
Comments		Comments		
Name of Designated Officer (print) _____ Signature: _____ Date: _____	Name of Assessor (print) _____ Signature: _____ Date: _____			
<input type="checkbox"/> NO CHANGE IN ASSESSMENT <input type="checkbox"/> SECTION 357 REQUIRED NEXT YEAR				

REPORT OF TAX LIABILITY						
RTC/RTQ	Taxable Realty Assessment Reduction	Tax Rate	Days	Months	Amount of Tax Adjustment	Original Tax Levy
			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> NO RECOMMENDATION FOR TAX ADJUSTMENT <input type="checkbox"/> REDUCTION <input type="checkbox"/> CANCELLATION <input type="checkbox"/> REFUND:    TOTAL ©						

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COUNCIL OR ASSESSMENT REVIEW BOARD – DECISION MADE UPON ABOVE APPLICATION					
<input type="checkbox"/> APPROVED <small>(Tax to be adjusted accordingly)</small>	<input type="checkbox"/> AMENDED AND APPROVED <small>(Tax to be adjusted accordingly)</small>	<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> APPLICANT DID NOT APPEAR	<input type="checkbox"/> APPLICATION ABANDONED	
REASON: _____					
Appeared for Applicant _____			Appeared for Municipality _____		
Date of Hearing _____					
Signature of Secretary of Board Clerk _____			Signature of Council Rep or ARB Member _____		

The information on this form is collected under the Authority of the Municipal Act, 2001, c. 25 ss. 357 and 358 and will be used for the purposes stated in this application. Questions should be directed to the Municipal Clerk.