CHAPPLE TOWNSHIP

DTS# -

APPLICATION

UNDER SECTION 357 O OR SECTION 358 O 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 CTY MUN MAP-DIV SUB-DIV PARCEL PRIM/SUB
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)

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

DETAILS OF REASON: _____

PERIOD OF RELIEF CLAIMED: **FROM:** _____ DATE: **TO:** _____ 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: O English O French O Other ...

EFFECTIVE DATE: ©

Comments	Comments
Name of Designated Officer (print) _____	Name of Assessor (print) _____
Signature.	Signature:
Date:	Date:
	O NO CHANGE IN ASSESSMENT O SECTION 357 REQUIRED NEXT YEAR

REPORT OF TAX LIABILITY

RTC/RTQ	Taxable Really Assessment Reduction	Tax Rate	Days O	Months O	Amount of Tax Adjustment		Original Tax Levy	
O NO RECOMMENDATION FOR TAX ADJUSTMENT O REDUCTION O CANCELLATION O REFUND: TOTAL ©								

Comments: _____

Signature: _____ Date: _____

COUNCIL OR ASSESSMENT REVIEW BOARD – DECISION MADE UPON ABOVE APPLICATION

O APPROVED (Tax to be adjusted accordingly) O AMENDED AND APPROVED (Tax to be adjusted accordingly) O NOT APPROVED O APPLICANT DID NOT APPEAR O 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.

O ORIGINAL - Council or Assessment Review Board o COPY – MPAC o COPY – Applicant/Treasurer etc.