

**Application Number
(For Office Use Only)**

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 – ONE ONLY)						
<input type="checkbox"/> Ceased to be liable to be taxed at rate it was taxed – s. 357(1)(a) <input type="checkbox"/> Mobile unit removed – s. 357(1)(e)						
<input type="checkbox"/> Became exempt – s. 357(1)(c) <input type="checkbox"/> Gross or manifest clerical error – s. 357(1)(f) or 358(1)						
<input type="checkbox"/> Destruction or damage – not voluntary – s. 357(1)(d)(i) <input type="checkbox"/> Repairs/renovations preventing normal use for a period of 3 months – s. 357(1)(g)						
<input type="checkbox"/> Destruction or damage – (substantially unusable) – s. 357(1)(d)(ii)						
DETAILS OF REASON						
PERIOD TAX RELIEF CLAIMED: From _____ To _____ <div style="display: flex; justify-content: space-between;"> Date Date </div>						
Applicant's Signature _____ Date of Application _____						

TAXATION REPORT		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 Tax Clerk (please print) _____		Name of Assessor (please print) _____		
Supervisor Approval _____		Signature of Assessor _____		
Date _____		Date _____		
		<input type="checkbox"/> NO CHANGE IN ASSESSMENT <input type="checkbox"/> SECTION 357 REQUIRED NEXT YEAR		

TREASURER'S 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 DECISION				
<input type="checkbox"/> APPROVED (Tax to be adjusted accordingly)	<input type="checkbox"/> AMENDED AND APPROVED (Tax to be adjusted accordingly)	<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 or Board Clerk _____			Signature of Council Rep. or ARB Member _____	

The information on this form is collected under the authority of the *Municipal Act*, 2001, ss. 357 and 358 and will be used for the purposes stated in this application. Questions should be directed to the taxation supervisor or the Freedom of Information and Privacy Coordinator of the municipality.

Please mail completed form to:
Taxation and Revenue Services
216 Ontario Street
Kingston, ON K7L 2Z3
OR Fax to: (613) 546-6995