



**SECTION 357/SECTION 358
THE MUNICIPALITY OF THE TOWN OF ORANGEVILLE
87 Broadway, Orangeville, ON L9W 1K1**

Application/Appeal # _____

Taxation Year: _____

APPLICATION TO THE COUNCIL FOR THE CANCELLATION, REDUCTION OR REFUND OF TAXES
UNDER SECTION 357 OR SECTION 358 OF THE MUNICIPAL ACT, R.S.O., 2001 c. 25

ASSESSMENT ROLL NO.: 22-14- _____

Property Address: _____ Applicant Name: _____

Owner Name: _____ Contact Number: _____

Mailing Address: _____ Fax #: _____

Reason for Application: (Check one box only) This application must be filed on or before February 28th of the year following the year in respect of which the application is made.

- 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)

ASSESSMENT REPORT: MUNICIPALITY				ASSESSOR				
Assessment Roll As Returned		Revised Since Roll Return <input type="checkbox"/>		Assessment Report		School Bd: <input type="checkbox"/> Eng <input type="checkbox"/> Fr <input type="checkbox"/> Other		
		Enter Revisions Below		<input type="checkbox"/> No Change in Assessment		<input type="checkbox"/> S357 Required for Next Year		

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: ___/___/___

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 _____