

Please mail completed form to:

Attention: Tax Department  
City of Port Colborne  
66 Charlotte Street, 1st Floor  
Port Colborne, ON  
L3K 3C8



**SECTION 357/358 APPLICATION**

**TO THE COUNCIL OR THE ASSESSMENT REVIEW BOARD**

Application/Appeal # \_\_\_\_\_

Taxation Year: \_\_\_\_\_

OR Fax to: (905) 834-5746

**Municipality:** \_\_\_\_\_ **Roll Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **Applicant Name:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Alternative Num:** \_\_\_\_\_

**Reason for Application: (Check one box only)**

- 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) – 358(1)
- 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				
<b>Assessment Roll As Returned</b>		<b>Revised Since Roll Return</b> <input type="checkbox"/>		<b>Assessment Report</b>		<b>School Bd:</b> <input type="checkbox"/> Eng <input type="checkbox"/> Fr <input type="checkbox"/> Other		
		<b>Enter Revisions Below</b>		<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
<b>Revised:</b>				<b>Reason for Change (Assessor Comments):</b> _____ _____ _____				
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** \_\_\_\_\_