



Application Number

**APPLICATION
TO THE COUNCIL OR ASSESSMENT REVIEW BOARD
FOR ADJUSTMENT OF TAXES FOR THE CITY OF OSHAWA FOR THE YEAR _____
UNDER SECTION 357 OR SECTION 358 OF THE MUNICIPAL ACT, 2001, C. 25**

Assessed/Property Address	Roll Number
Owner Name	Mailing Address
Applicant Name	Mailing Address
Contact Number	Alternative Contact Number

Reason for Application: (Check one box only)

<input type="checkbox"/> Ceases to be liable for tax at rate it was taxed – 357 (1)(a)(d)	<input type="checkbox"/> Sickness or extreme poverty – 357(1)(d.1)
<input type="checkbox"/> Became exempt – 357 (1)(c)	<input type="checkbox"/> Mobile unit removed – 357 (1)(e)
<input type="checkbox"/> Razed by fire, demolition or otherwise – 357 (1)(d)(i)	<input type="checkbox"/> Gross or manifest clerical/factual error – 357(1)(f)
<input type="checkbox"/> Damaged and substantially unusable – 357(1)(d)(ii)	<input type="checkbox"/> Repairs/Reno's preventing normal use (min. 3 months) – 357(1)(g)

Details of Reason:

Period Tax Relief Claimed (MM/DD/YYYY) From: ___/___/___ to ___/___/___	Applicant's Signature	Date of Application
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ASSESSMENT REPORT: MUNICIPALITY				ASSESSOR				
Assessment Roll As Returned		Revised Since <input type="checkbox"/> Roll Return Enter Revisions Below		Assessment Report		School Board: <input type="checkbox"/> Eng <input type="checkbox"/> Fr <input type="checkbox"/> Other		
				<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
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COUNCIL OR ASSESSMENT REVIEW BOARD DECISION

Approved
 Amended and Approved
 Not Approved
 Applicant Did Not Appear
 Application Abandoned

Reason

Appeared for Applicant	Appeared for Municipality	Hearing Date
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Signature of Council/ARB Member	Name/Title
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Please mail completed form to: **City of Oshawa, Revenue & Tax Services**
50 Centre Street South, Oshawa, ON L1H 3Z7
Fax Number: (905) 436-5618

Personal 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 about this collection should be directed to the Municipal Clerk or the Freedom of Information and Privacy Coordinator of the municipality.