

CITY OF BROCKVILLE 357/358 APPLICATION

APP # _____
(Office Use Only)

Tax Acct # _____
(Office Use Only)

Application for Adjustment of Taxes

The City of Brockville for the Tax Year _____

Roll # 08 02-_____-_____-_____

Property Address (include postal code):

Applicant Name: _____

Owner(s) Name: _____

Contact Number: _____

Mailing Address (include postal code):
(if different from property address)

Reason for Application (check one)

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

Additional Information/Comments:

Effective Date: _____

To: _____

Applicant's Signature _____

Date Of Application _____

Assessment Report

Original <small>RTC/RTQ</small>	Original Current Value	Revised <small>RTC/RTQ</small>	Revised Current Value

Taxation Report

Refund	\$ _____	DBIA applicable	_____
Cancel	\$ _____		
Total	\$ _____		

MPAC Signature _____

Revenue Signature _____

Date _____

Date _____