

APP # _____

Tax Acct # _____

Application for Adjustment of Taxes for The City of Brockville for the Year _____

Assessed Address

Roll Number
08 02

Assessed Owner

Mailing Address Including Postal Code

_____ Phone Number

Reason for Application

Effective Date _____ TO _____

Applicant's Signature _____ Date Of Application _____

Assessment Report

Original RTC/RTQ	Original Current Value	Revised RTC/RTQ	Revised Current Value

Taxation Report

Refund \$ _____ DBIA applicable

Cancel \$ _____

Total \$ _____

MPAC Signature _____

Revenue Signature _____

Date _____

Date _____

Comments:

