



Municipality of Leamington

Application for an Adjustment of 20__ Taxes Under Section 357 or 358 of the Municipal Act, 2001, c. 25

Privacy Statement: Personal information on this form is collected under the authority of the Municipal Act, 2001, P.S.O. c45, and will be used for the purpose of adjusting taxes. Questions about the collection of this information can be directed to the Manager of Legislative Services/Clerk, Municipality of Leamington, 111 Erie Street North, Leamington, Ontario, N8H 2Z9, Telephone: 519-326-5761.

Date of Application: _____

Property Address	Assessment Roll Number					
	Cty	Mun	Map	Sub	Parcel	Tenant
Assessed Owner(s)	37	06		000		
Mailing Address	Email Address					
	Phone Number					
	City:	Province:		Postal Code:		
Applicant Details	Name:			Email Address		
	Address:			Phone Number		
	City:	Province:		Postal Code:		

Reason for Application	<input type="checkbox"/> Ceases to be liable for tax at the rate it was taxed (change in RTC / RTQ)-357(1)(a)	<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"/> Gross or manifest clerical/factual error- 358(1)
	<input type="checkbox"/> Damaged and substantially unusable-357(1)(d)(ii)	<input type="checkbox"/> Repairs/renovations preventing normal use for a period of 3 months-357(1)(g)

Application Requirements: Applications under Section 357 must be received by the last day of February of the year following the year in respect of which the application is made. Applications under Section 358 must be received between March 1st and December 31st of a year and may apply to taxes levied in one or both of the two years preceding the year in which the application is made.

Details of Reason:

Period Applied For : From : _____ To : _____

Applicant's Signature: _____

Municipal Use Only Write-off Calculations:

Adjustment Calculations: _____

Write-off Amount: \$ _____ Customer on PAP: _____

Applied to Taxes: \$ _____ OR Refund Amount: \$ _____

Letter Sent

COMMENTS / NOTES:
