



Municipality of Port Hope
56 Queen Street
Port Hope, Ontario
L1A 3Z9

SECTION 357/358 APPLICATION

TO THE COUNCIL OR THE ASSESSMENT REVIEW BOARD

Application/Appeal # _____

Taxation Year: _____

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)
 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				
Assessment Roll As Returned		Revised Since Roll Return <input type="checkbox"/>		Assessment Report		School Bd: <input type="checkbox"/> Eng <input type="checkbox"/> Fr <input type="checkbox"/> Other		
Enter Revisions Below				<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: ___/___/___

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 _____