

**APPLICATION
TO THE COUNCIL OF THE CITY OF KINGSTON
FOR ADJUSTMENT OF TAXES FOR THE YEAR**

UNDER SECTION 357 OR SECTION 358 OF THE MUNICIPAL ACT, 2001, c. 25

Assessed Address	Roll Number City. Mun. Map. Div. Sub-Div. Parcel Prim./Sub.
Name of Assessed Person	Telephone No.
Mailing Address of Assessed Person	Postal Code
Name of Applicant	Telephone No.
Mailing Address of Applicant	Postal Code
REASON FOR APPLICATION: (CHECK APPROPRIATE BOX – ONE ONLY)	
<input type="checkbox"/> Ceased to be liable to be taxed at rate it was taxed – s. 357(1)(a) <input type="checkbox"/> Mobile unit removed – s. 357(1)(e) <input type="checkbox"/> Became exempt – s. 357(1)(c) <input type="checkbox"/> Gross or manifest clerical error – s. 357(1)(f) or 358(1) <input type="checkbox"/> Destruction or damage – not voluntary – s. 357(1)(d)(i) <input type="checkbox"/> Repairs/renovations preventing normal use for a period of 3 months – s. 357(1)(g) <input type="checkbox"/> Destruction or damage – (substantially unusable) – s. 357(1)(d)(ii)	
DETAILS OF REASON	
PERIOD TAX RELIEF CLAIMED: From _____ Date _____ To _____ Date _____	
Applicant's Signature _____ Date of Application _____	

TAXATION REPORT		ASSESSMENT REPORT		
Original RTC/RTQ	Original Current Value	Revised RTC/RTQ	Revised Current Value	Assessment Reduction
SCHOOL BOARD: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____		EFFECTIVE DATE > _____		
Comments _____ _____ _____		Comments _____ _____ _____		
Name of Tax Clerk (please print) _____		Name of Assessor (please print) _____		
Supervisor Approval _____		Signature of Assessor _____		
Date _____		Date _____		
		<input type="checkbox"/> NO CHANGE IN ASSESSMENT <input type="checkbox"/> SECTION 357 REQUIRED NEXT YEAR		

TREASURER'S REPORT OF TAX LIABILITY						
RTC/RTQ	Taxable Realty Assessment Reduction	Tax Rate	Days <input type="checkbox"/>	Months <input type="checkbox"/>	Amount of Tax Adjustment	Original Tax Levy
<input type="checkbox"/> NO RECOMMENDATION FOR TAX ADJUSTMENT <input type="checkbox"/> Reduction <input type="checkbox"/> Cancellation <input type="checkbox"/> Refund TOTAL						

Comments _____

Signature _____ Date _____

COUNCIL DECISION				
<input type="checkbox"/> APPROVED (Tax to be adjusted accordingly)	<input type="checkbox"/> AMENDED AND APPROVED (Tax to be adjusted accordingly)	<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> APPLICANT DID NOT APPEAR	<input type="checkbox"/> APPLICANTION ABANDONED
REASON: _____ _____				
Appeared for Applicant _____		Appeared for Municipality _____		
Date of Hearing _____				
Signature of Secretary or Board Clerk _____		Signature of Council Rep. or ARB Member _____		

The information on this form is collected under the authority of the *Municipal Act*, 2001, ss. 357 and 358 and will be used for the purposes stated in this application. Questions should be directed to the taxation supervisor or the Freedom of Information and Privacy Coordinator of the municipality.

Please mail completed form to:
Taxation and Revenue Services
216 Ontario Street
Kingston, ON K7L 2Z3
QR Fax to: (613) 546-6995