



TOWN OF MARATHON APPLICATION

APP# -

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

FOR ADJUSTMENT OF TAXES FOR THE YEAR **20** _____
TO THE COUNCIL OR ASSESSMENT REVIEW BOARD

Assessed Address	Roll Number Municipality Map Sub-Div Parcel Primary Sub 5859 000 00 0000
Name of Assessed Person	Name of Applicant
Mailing Address of Assessed Person	Mailing Address of Applicant
Telephone No.	Telephone No.
REASON FOR APPLICATION: (Check appropriate box – Only one) <input type="radio"/> Ceased to be liable to be taxed at rate it was taxed – s.357 (1)(a) <input type="radio"/> Became Exempt – s.357 (1)(c) <input type="radio"/> Razed by fire, demolition or other – s.357 (1)(d)(i) <input type="radio"/> Damaged by fire, demolition or otherwise (substantially unusable) - s.357 (1)(d)(ii) <input type="radio"/> Sickness or extreme poverty – s.357(1)(d1) <input type="radio"/> Mobile unit removed – s.357 (1)(e) <input type="radio"/> Gross or manifest clerical error – s.357 (1)(f) or 358 (1) <input type="radio"/> Repairs/renovations preventing normal use for a period of 3 months – s.357(1)(g)	
DETAILS OF REASON: PERIOD TAX RELIEF CLAIMED: From..... To..... <div style="display: flex; justify-content: space-between; width: 100%;"> Date Date </div>	
Applicant's Signature Date of Application	

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 Designated Officer (print) Signature Date:.....		Comments Name of Assessor (print) Signature..... Date:..... <input type="checkbox"/> NO CHANGE IN ASSESSMENT <input type="checkbox"/> SECTION 357 REQ NEXT YEAR		

REPORT OF TAX LIABILITY						
RTC/RTQ	Taxable Realty Assessment Reduction	Tax Rate	Days 0	Months 0	Amount of Tax Adjustment	Original Tax Levy
<input type="radio"/> NO RECOMMENDATION FOR TAX ADJUSTMENT <input type="radio"/> REDUCTION <input type="radio"/> CANCELLATION <input type="radio"/> REFUND: TOTAL ©						

Comments

Signature..... Date.....

COUNCIL OR ASSESSMENT REVIEW BOARD – DECISION MADE UPON ABOVE APPLICATION				
<input type="radio"/> APPROVED (Tax to be adjusted accordingly)	<input type="radio"/> AMENDED AND APPROVED (Tax to be adjusted accordingly)	<input type="radio"/> NOT APPROVED	<input type="radio"/> APPLICANT DID NOT APPEAR	<input type="radio"/> APPLICATION
REASON..... Appeared for Applicant Appeared for Municipality..... Date of Hearing..... Signature of Secretary of Board Clerk..... Signature of Council Rep or ARB Member.....				

The information on this form is collected under the Authority of the Municipal Act, 2001, c. 25 ss. 357 and 358 and will be used for the purposes stated in this application. Questions should be directed to the Municipal Clerk.