



## TAX ADJUSTMENT APPLICATION

**(Municipal Act, 2001 – Section 357/358/359)**

- The **deadline** for submitting applications is the **last day of February of the year following the year for which the application is made.**
- To be eligible for a tax relief (cancellation, reduction or refund of taxes), you must satisfy the conditions which are outlined under the section of which you are applying.
- **By email:** Scan and email this application and required supporting documents to [propertytax@citywindsor.ca](mailto:propertytax@citywindsor.ca)
- **By Fax:** **(519) 255-7310 to the attention of : Assessment Division, City of Windsor**
- **By mail: MUST be postmarked on or before the deadline date.** Enclose this application, along with required supporting documents and remit to: **ASSESSMENT DIVISION, CITY HALL, 350 CITY HALL SQ. W., SUITE 410, WINDSOR, ON N9A 6S1**
- If you have questions about this form, you may contact the City of Windsor at: **311, or (519) 255-CITY (2489), TTY 1-800-855-0511.**
- Knowingly making a false or deceptive statement in this application will result in a denial of the application or will result in a repayment of any relief granted.

### TO BE COMPLETED BY THE APPLICANT/AGENT (PLEASE PRINT)

<b>APPLICATION DATE:</b>  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> /            <input type="text"/> <input type="text"/> /            <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="text-align: center;">             DAY      MONTH      YEAR           </div> </div>	<b>ASSESSMENT ROLL NUMBER</b>  <b>3739 - _____ - _____ - _____ - _____</b>
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### PERSONAL INFORMATION

Property owner's last name:	First:	Middle:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	
			<input type="checkbox"/> Ms	<input type="checkbox"/> Miss.	
Other property owner's last name:	First:	Middle:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	
			<input type="checkbox"/> Ms	<input type="checkbox"/> Miss.	
Property address:				P.O. Box:	
City:		Province:		Postal Code:	
Mailing address (if different from property address):				P.O. Box:	
City:		Province:		Postal Code:	
Home phone number:	Alternate phone number:	Fax number:			
(    )	(    )	(    )			

### REASON FOR APPLICATION

**Type of Event (choose one):**

- |   |  |
|---|--|
| <input type="checkbox"/> Tax Class Change | <input type="checkbox"/> Repairs or Renovations        |
| <input type="checkbox"/> Razed by Fire    | <input type="checkbox"/> Demolition                    |
| <input type="checkbox"/> Damaged by Fire  | <input type="checkbox"/> Overcharged or Manifest Error |
| <input type="checkbox"/> Exempt           |  |

**Effective Date of Event (dd/mm/yy)**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\* Evidentiary documentation must be included with this application.

### OFFICE USE ONLY

<b>ADJUSTMENT OF 20__ TAXES</b>	<b>DATE PRESENTED TO COUNCIL (dd/mm/yy)</b>
	____ / ____ / ____

### OFFICE USE ONLY

Applicant's Signature Required On Page 2, See Over

Comments:

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**ASSESSMENT PARTICULARS**

<input type="checkbox"/> Regular Roll <input type="checkbox"/> 359 <input type="checkbox"/> Section 33 Roll <input type="checkbox"/> Section 34 Roll	Date Roll Printed/ Processed: <table border="0" style="margin-left: 20px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 8px; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 8px; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td align="center" colspan="2">DAY</td> <td></td> <td align="center" colspan="2">MONTH</td> <td></td> <td align="center" colspan="4">YEAR</td> </tr> </table>			/			/					DAY			MONTH			YEAR			
		/			/																
DAY			MONTH			YEAR															

<b>PROPERTY ASSESSMENT</b>		<b>TAX CLASS</b>	

**CITY OF WINDSOR ASSESSOR COMMENTS:**

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PARTICULARS OF ASSESSMENT	AMOUNT	TAX CLASS	EFFECTIVE DATE

<b>RECOMMENDATION</b>	<b>MUNICIPAL SIGNATURE:</b>	<b>DATE:</b>																				
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>		<table border="0" style="margin-left: 20px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 8px; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 8px; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td align="center" colspan="2">DAY</td> <td></td> <td align="center" colspan="2">MONTH</td> <td></td> <td align="center" colspan="4">YEAR</td> </tr> </table>			/			/					DAY			MONTH			YEAR			
		/			/																	
DAY			MONTH			YEAR																

**TO BE COMPLETED BY THE APPLICANT/AGENT (PLEASE PRINT)**

**APPLICANT'S CONSENT**

Name of applicant: \_\_\_\_\_

I authorize the City of Windsor to use this information to make a decision with respect to my Tax Appeal Application. I understand that I am financially responsible for any property tax balance that may be outstanding on my account provided that partial or no tax relief was granted, which as a result will have to be paid in full including penalties (if applicable). I authorize the City of Windsor to inspect and have access to information and records relating to any information required to process my application (such as; any assets held by me or on my behalf in any financial institution, or medical information). In addition the City may investigate balances on liabilities owing by myself or joint property owner.

**I, \_\_\_\_\_ ( name of applicant ) , do hereby declare that the information given in this application and any supporting documents is true, correct and complete in every respect, and I make this solemn declaration conscientiously believing it to be true and knowing it is of the same force and effect as if made under other and by virtue of The Canada Evidence Act.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_