



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. (February 29, 2024)**
- 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
- **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).**
- 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)

APPLICATION DATE: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> / </div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> / </div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> DAY MONTH YEAR </div>	ASSESSMENT ROLL NUMBER 3739 - _____ - _____ - _____ - _____
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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

ADJUSTMENT OF 20__ TAXES	DATE PRESENTED TO COUNCIL (dd/mm/yy)
	_____ / _____ / _____

Applicant's Signature Required On Page 2, See Over

OFFICE USE ONLY

Comments:

ASSESSMENT PARTICULARS

Regular Roll
 359
 Section 33 Roll
 Section 34 Roll
 Date Roll Printed/ Processed:
 / /

PROPERTY ASSESSMENT		TAX CLASS	

CITY OF WINDSOR ASSESSOR COMMENTS:

PARTICULARS OF ASSESSMENT	AMOUNT	TAX CLASS	EFFECTIVE DATE

RECOMMENDATION	MUNICIPAL SIGNATURE:	DATE:
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

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** _____

The information on this form is collected under the authority of section 357, 358 & 359 of the Municipal Act, 2001 and will only be used for the purposes of determining eligibility for property tax relief and the amount of tax relief in respect of the Tax Adjustment Application. Questions about this collection may be made to the Manager of Property Valuation & Administration, 410, 350 City Hall Square West, Windsor Ontario; 519-255-6100 Ext. 6170.