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
- **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 any 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 resilt in a repayment of any relief granted.

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

APPLICATION DATE: dd / mm / yy	ASSESSMENT ROLL NUMNER **3739 - - - -**

PERSONAL INFORMATION

Property owner's last name:	First:	Middle:
Other property owner's last name:	First:	Middle:
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:	Alternative Number:	Fax Number

REASON FOR APPLICATION

Type of Event (choose one) :

- ☐ Tax Class Change
- ☐ Razed by Fire
- ☐ Damaged by Fire
- ☐ Exempt
- ☐ Repairs for Renovations
- ☐ Demolition
- ☐ Overcharged or Manifest Error

Effective Date of Event (dd / mm / yy)

** Evidentiary documentation must be included with this application.

OFFICE USE ONLY

ADJUSTMENT TO 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: (mm / dd / yy)

PROPERTY ASSESSMENT		TAX CLASS	

CITY OF WINDSOR ASSESSOR COMMENTS:

PARTICULARS OF ASSESSMENT	AMOUNT	TAX CLASS	EFFECTIVE DATE

RECOMMENDATION

APPROVED ☐ DENIED ☐

MUNICIPAL SIGNATURE:

DATE: (mm / dd / yy)

TO BE COMPLETE 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 given in this application and any supporting documents is true, correct and complete in every respect, and I make this solemn declaration conscientiously behaving it to be true and knowing it is of the same force and effects as if made under other and by virtue of The Canada Evidence Act.

Signaure of Applicant Date

NOTICE WITH RESPECT TO PERSONAL INFORMATION

The personal information on this form is being collected under the authority of the Municipal Act, Section 10 for the purposes of maintaining the integrity and accuracy of our data. Questions about this collection may be addressed to the 311 Call Centre by dialing 311 or outside the city 519-255-2489.