Please complete form and submit to property tax department for tax reduction after final building inspection when permit is closed.

Municipality of Leamington

Application for an Adjustment of _____ Taxes
Under Section 357 or 358 or 359 of the Municipal Act, 2001, c. 25

Privacy Statement: Personal information on this form is collected under the authority of the Municipal Act, 2001, P.S.O. c45, and will be used for the purpose of adjusting taxes. Questions about the collection of this information can be directed to the Manager of Legislative Services/Clerk, Municipality of Leamington, 111 Erie Street North, Leamington, Ontario, N8H 2Z9, Telephone: 519-326-5761.

Date of Application: _____

Property Address		**Assessment Roll Number**					
		Cty	**Mun**	**Map**	**Sub**	**Parcel**	**Tenant**
Assessed Owner(s)		**37**	**06**		**000**		**0000**
Mailing Address		Email Address:					
		Phone Number:					
	City: Province:	Postal Code:					
Applicant Details	Name:	Email Address					
	Address:	Phone Number					
	City: Province:	Postal Code:					

Reason for Application	☐ Ceases to be liable for tax at the rate it was taxed (change in RTC / RTQ)-357(1)(a)	☐ Sickness or extreme poverty-357(1)(d.1)
	☐ Land became vacant or excess-357(1)(b)	☐ Mobile unit removed-357(1)(e)
	☐ Land became exempt-357(1)(c)	☐ Gross or manifest clerical/factual error-357(1)(f)
	☐ Razed by fire, demolition or otherwise-357(1)(d)(i)	☐ Repairs/renovations preventing normal use for a period of 3 months-357(1)(g)
	☐ Damaged and substantially unusable-357(1)(d)(ii)	☐ Gross or manifest clerical/factual error- 358(1)
	☐ Gross or manifest clerical/factual error – 359(1)	

Application Requirements: Section 357 applications are received by the last day of February of the year following the year for which the application is made. Section 358 applications are received between March 1 and December 31 applying to one or both of the two preceding tax years. Section 359 applications are received on or before December 31 of the year following the year in respect of which the application is made.

Details of Reason:

Period Applied For : From : To :

Applicant's Signature:

Municipal Use Only
Write-off Calculations:

COMMENTS / NOTES:

_____

_____

Write-off Amount: $ _____ ☐ Customer on PAP: _____

☐ Applied to Taxes: $ _____ OR ☐ Refund Amount: $ _____

☐ Letter Sent