

APPLICATION FOR AN ADJUSTMENT OF 20 TAXES

Date of Application:

APPLICATION / TYPE #

Date sent to MPAC:

Date returned to Municipality:

PROPERTY ADDRESS		ASSESSMENT ROLL NUMBER					
		CTY	MUN	MAP	SUB	PARC	TEN
NAME(S)		37	34		000		0000
MAILING ADDRESS			TAX ACCOUNT #:				
			PHONE NUMBER				
	CITY:	PROVINCE:	POSTAL CODE:				

REASON FOR APPLICATION	<input type="checkbox"/> COMMERCIAL TO RESIDENTIAL	<input type="checkbox"/> RAZED BY FIRE	<input type="checkbox"/> DAMAGED BY FIRE	<input type="checkbox"/> EXEMPT
	<input type="checkbox"/> SHARED PARKING IS APPLICABLE	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> OVERCHARGED OR MANIFEST ERROR	<input type="checkbox"/> SICKNESS OR POVERTY
COMMENTS:				

ASSESSOR'S NAME:		DATE:	
ASSESSOR'S COMMENTS:			
PARTICULARS OF ASSESSMENT	AMOUNT	TYPE	EFFECTIVE DATE

WRITE-OFF CALCULATIONS:	
ADJUSTMENT CALCULATIONS: _____	

WRITE-OFF AMOUNT: \$ _____	<input type="checkbox"/> CUSTOMER ON PAP: _____
<input type="checkbox"/> APPLIED TO TAXES: \$ _____ OR <input type="checkbox"/> REFUND AMOUNT: \$ _____ OR <input type="checkbox"/> BOTH	
<input type="checkbox"/> TAXES PAID BY MORTGAGE CO: _____	
<input type="checkbox"/> LETTER SENT	
COMMENTS / NOTES:	

