



Township of Wellington North

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Section 357 358 359 Application

To the Council or the Assessment Review Board

Application/Appeal #
Taxation Year

Municipality	Township of Wellington North	Roll Number	23 – 49 -
Property Address		Applicant Name	
Owner Name		Contact Number	
Mailing Address		Alt. Number	

Reason For Application (Check one box only)

- | | |
|---|--|
| <input type="checkbox"/> Ceased to be liable for tax at rate it was taxed – 357(1)(a) | <input type="checkbox"/> Sickness or extreme poverty – 357(1)(d.1) |
| <input type="checkbox"/> Became exempt – 357(1)(c) | <input type="checkbox"/> Mobile unit removed – 357(1)(e) |
| <input type="checkbox"/> Razed by fire, demolition or otherwise – 357(1)(i) | <input type="checkbox"/> Gross or manifest error – 357(1)(f) |
| <input type="checkbox"/> Damaged and substantially unusable – 357(1)(d)(ii) | <input type="checkbox"/> Repairs/ renovations preventing normal use (min 3 months) – 357(1)(g) |

Details of reason: _____

Effective from: / / to / / Applicant Signature: _____ Date: / /
 (mm/dd/yy) (mm/dd/yy) (mm/dd/yy)

Assessment Report

Municipality				Assessor				
Assessment Roll As Returned		Revised Since Roll Return <i>Enter Revisions Below</i>		Assignment Report			School Bd: <input type="checkbox"/> Eng <input type="checkbox"/> Fr <input type="checkbox"/> Other	
				<input type="checkbox"/> No Change in Assessment			<input type="checkbox"/> S357 Required For Next Year	
RTC/RTQ	2016 Base year CVA	2020 Base year CVA	Current Phased Assessment	Revised RTC/RTQ	Revised 2016 Base year CVA	Revised 2020 Base Year CVA	Revised Current Phased Assessment	Change to Current Phased Assessment
Revised:				Reason for Change (<i>assessor comments</i>):				
Assessor Name: _____				Signature: _____		Date: / / (mm/dd/yy)		

Treasurer's Report on Tax Liability

RTC/RTQ	Taxable Assessment Reduction	Tax Rate	Days/Months	Tax Adjustment	Original Levy
Recommended: No Adjustment <input type="checkbox"/> Adjustment <input type="checkbox"/> Cancellation <input type="checkbox"/> Refund <input type="checkbox"/> Total Amount: _____					
Comments: _____					
Treasury Position: _____ Signature: _____ Date: / /					

Council Or Assessment Review Board Decision

Approved Amended & Approved Not approved Cancellation Applicant did not appear Application abandoned

Appeared for Applicant: _____ Appeared for Municipality: _____

Signature of Council/ARB Member: _____ Name/Title: _____