

2021 WRITE-OFFS/TAX ACCOUNT ADJUSTMENTS

357 Applications

# Days	Year Affected	Roll #	Assessment Change	RTC/RTQ	Municipal Rate	School Rate	Municipal Amount	English Public	English Separate	French Public	French Separate	No Sup School	BIA	TOTAL
201	2021	2.8.01900	-14,200	CT	0.03366352	0.00848241	-263.24					-66.33		-329.57
201	2021	2.8.01900	14,200	RTES	0.01788408	0.00153000	139.85		11.96					151.81
							-123.39		11.96			-66.33		-177.76

Application made under Sec 357/358/359 of the Municipal Act, 2001

MPAC's RESPONSE

Owner name(s) BONE, KYLA RAE
ARMSTRONG, NADINE DELORES
Roll number 5912-020-008-01900-0000
Property location 202 SECOND ST E
Property description PLAN M68 BLK 3 LOT 10 48R 3158 PTS 1 & 2 PCL 10-3 & PCL BLK 3-10-2
Municipality/Local taxing authority FORT FRANCES TOWN
Application number
Application reason Classification Change
Received date July 06, 2021
Claim relief period From: June 14, 2021 - To: December 31, 2021
Taxation year 2021

Current Property Assessment

	2012	2016	Phase-In Assessment for Taxation Years			
Property Classification	Assessed Value	Assessed Value	2017	2018	2019	2020/2021
OWNR COM C T	13,000	14,200	13,300	13,600	13,900	14,200
OWNR RU R T	80,000	86,800	81,700	83,400	85,100	86,800
Total	93,000	101,000	95,000	97,000	99,000	101,000

Change to the Property Assessment

	2012	2016	Phase-In Assessment for Taxation Years			
Property Classification	Assessed Value	Assessed Value	2017	2018	2019	2020/2021
OWNR RU R T	93,088	101,000	95,066	97,044	99,022	101,000
Total	93,088	101,000	95,066	97,044	99,022	101,000

MPAC Remarks

MPAC has removed the commercial apportionment from the property effective the date of the June 2021 sale.

MPAC Representative:

Mark Cawston

Date:

July 07, 2021



SECTION ☒ 357 / ☐ 358 / ☐ 359 APPLICATION
TO THE COUNCIL OR THE ASSESSMENT REVIEW BOARD

Application/Appeal #: _____
Taxation Year: 2021

Municipality: TOWN OF FORT FRANCES Roll Number: 59-12-080-008-019-00
Property Address: 202 SECOND STE Applicant Name: KYLA BONE
Owner Name: KYLA BONE / N. ARMSTRONG Contact Number: 807-271-8898
Mailing Address: 202 SECOND STE Alternative Number: _____
FF ON P9A 1M6 Email Address: Kyla-Rae@hotmail.com

Reason for s357 application: (Check one box – applicable to s357 only)

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

Details of Reason for s357, s358 or s359 application: NEW OWNER WILL NOT BE OPERATING A BUSINESS @ THIS ADDRESS
Effective from: 06/14/21 to 12/31/21 Applicant Signature: Kyla Bone Date: 07/01/21
(MM/DD/YY) (MM/DD/YY)

ASSESSMENT REPORT: MUNICIPALITY				TREASURER'S RECOMMENDATION TO COUNCIL				
Assessment Roll As Returned		Revised Since Roll Return <input type="checkbox"/> Enter Revisions Below		Assessment 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	2005 Base-year CVA	2008 Base-year CVA	Current Phased Assessment	Revised RTC/RTQ	Revised 2005 Base-year CVA	Revised 2008 Base-year CVA	Revised Current Phased Assessment	Change to Current Phased Assessment
<u>RT</u>			<u>14,200</u>					
<u>ATES</u>			<u>86,800</u>					
Revised:				Reason for Change:				
Reason Original Assessment Revised:								

TREASURER'S REPORT ON TAX LIABILITY						
RTC/RTQ	Taxable Assessment Reduction	Tax Rate	Days / Months	Tax Adjustment	Original Levy	

Recommended: ☐ No Adjustment ☐ Adjustment ☐ Cancellation ☐ Refund Total Amount _____

Comments: _____

Treasury Position: _____ Signature: _____ Date: ____/____/____

COUNCIL OR ASSESSMENT REVIEW BOARD DECISION: Hearing Date (MM/DD/YY): ____/____/____

☐ Approved ☐ Amended & Approved ☐ Not Approved ☐ Applicant Did Not Appear ☐ Application Abandoned

Reason: _____

Appeared for Applicant: _____ Appeared for Municipality: _____

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

Date: 2021-07-08 11:39:09 AM
User: hhatch
Batch: HH07082021BONE

Town of Fort Frances
Distribution Summary
Property Taxes

Account Number	Account Description	Amount
001-0000-0040-10241	Taxes Receivable- Current	-\$177.76
10-010-0150-0121-50019	Residential - ES	-\$139.85
10-010-0150-0122-50014	Commercial Tax Full - T (Including D	\$263.24
10-010-0151-0121-50019	Residential - ES	-\$11.96
10-010-0151-0122-50014	Commercial Tax Full - T (Including D	\$66.33
Report Total:		\$0.00
*** E N D O F R E P O R T ***		

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Code	Description	Exempt Land	Improvements	Other	Total	Levy
General						
CTN	Com Tx:Full - NoSup	\$0	\$0	-\$14,200	-\$14,200	-\$329.57
		\$0	\$0	\$0		
RTES	Res/Farm Tx:Full - ESep	\$0	\$0	\$14,200	\$14,200	\$151.81
		\$0	\$0	\$0		
Total General		\$0	\$0	\$0	\$0	-\$177.76
		\$0	\$0	\$0		
Report Total:						-\$177.76