

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

Application/Appeal #:

Taxation Year:

2018

Municipality:

TOWN OF FORT FRANCES

Roll Number:

59-12-020-002-042-00

Property Address:

335 SCOTT ST

Applicant Name:

WADE FRIESEN

Owner Name:

GOODDAY WHOLESALERS (CROZIER) LTD

Contact Number:

875-5683

Mailing Address:

553 ELM AVE

Alternative Number:

FORT FRANCES ON P99 25

Email Address: SALES@THE SLEEPY COW.COM

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

- | | |
|---|---|
| <input 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 checked="" 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:

BUILDING DOWN - TO BE USED

Effective from: 12/18/18 to 12/31/18
(MM/DD/YY)

Applicant Signature: *Wade Friesen*

Date: 12/19/18
(MM/DD/YY)

ASSESSMENT REPORT: MUNICIPALITY

TREASURER'S RECOMMENDATION TO COUNCIL

Assessment Roll
As Returned

Revised Since
Roll Return

☐

Enter Revisions Below

Assessment Report

School Bd:

☐

Eng

☐

Fr

☐

Other

☐ No Change in Assessment

☐ 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
CT			155,000					
Revised:								

Reason Original Assessment Revised:

Reason for Change:

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: