

**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
13	2019	1.1.18002	-89,709	CU	0.02743712	0.00927809	-87.66					-29.64		-117.30

Batch: HH04142020TOFF

Tax  
Rate Code Description

Rate Code Description	Levy Amount
Education-Commercial Vac Unit	-\$29.64
Municipal-Commercial Vac Unit	-\$87.66

Levy Total	-\$117.30
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\*\*\* E N D O F R E P O R T \*\*\*

1/28/20 - MPAC #TAX-0034/22

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

Application/Appeal #:
Taxation Year: 2019

Municipality: TOWN OF FORT FRANCES Roll Number: 59-12-010-001-180-22  
Property Address: MCIRVINE RD Applicant Name: TOWN OF FORT FRANCES  
Owner Name: TOWN OF FORT FRANCES Contact Number: 807-274-5323  
Mailing Address: 320 PORTAGE AVE Alternative Number: \_\_\_\_\_  
FF ON P9A 3P9 Email Address: \_\_\_\_\_

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 checked="" 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: PURCHASED BY TOWN OF FORT FRANCES  
DECEMBER 19, 2019  
Effective from: 12.19.19 to 12.31.19 Applicant Signature: Doug Brown Date: 01.28.2020  
(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>CU</u>			<u>89,709</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: \_\_\_\_\_