

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: 59-12-020-004-003-00

Property Address: 416 FIRST STE

Applicant Name: TRENIA ELLMAN

Owner Name: TRENIA ELLMAN

Contact Number: 807-276-5796

Mailing Address: 281 SIXTH STE

Alternative Number: _____

FF ON PGH IWB

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 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: HOUSE FIRE JUNE 11, 2019

Effective from: 06/11/19 to 12/31/19 Applicant Signature: Taenia Ellman Date: 10/18/19
(MM/DD/YY) (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

RTEP

66,000

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: _____