



Application to Council for the Adjustment of Taxes in the Municipality of West Perth

Under Section 357 or 358 of the Municipal Act 2011, c.25

Personal information collected on this form is collected under the authority of the Municipal Act, 2001, as amended, for the purposes of reviewing this application. Questions regarding the collection of personal information should be directed to the Municipality of West Perth, 169 St. David Street, PO Box 609, Mitchell, ON N0K 1N0, telephone 519-348-8429 Clerk's Department.

Office Use Only

Date Submitted:

Received By:

Owner Information

Roll No.	County	Mun	Map	Sub	Parcel	Tenant
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Property Address/Description

Full Name	Last	First	Middle Initial
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Mailing Address	Street Name & Number	P.O. Box	Apt or Unit #
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City	Province	Postal Code
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Home Phone:

Business Phone:

Email Address:

Indicate the best method to contact you: **Email** **Home Phone** **Business Phone**

Details of Reason

Reason for Application

Effective Date of Cancellation

Applicant's Signature

MM/DD/YY

Signature

Date (MM/DD/YY)

Assessment Office Use Only

Assessment Amount (\$)	Class	Amount (\$)
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Comments

Council or Assessment Review Board – Decision Made Upon Above Application

Approved

Not Approved

Reason

Municipal Signature

Date Processed

Signature

MM/DD/YY