



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.	<i>County</i>	<i>Mun</i>	<i>Map</i>	<i>Sub</i>	<i>Parcel</i>	<i>Tenant</i>
Full Name	<i>Last</i>			<i>First</i>		<i>Middle Initial</i>
Address	<i>Street Name & Number</i>				<i>P.O. Box</i>	<i>Apt or Unit #</i>
<i>City</i>				<i>Province</i>		<i>Postal Code</i>

Home Phone: _____ **Business Phone:** _____

Email Address: _____

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

Mailing Address if different from above

Address	<i>Street Name & Number</i>	<i>P.O. Box</i>	<i>Apt or Unit #</i>
<i>City</i>		<i>Postal Code</i>	

Details of Reason

Reason for Application

Effective Date of Cancellation	Applicant's Signature	
<i>MM/DD/YY</i>	<i>Signature</i>	<i>Date (MM/DD/YY)</i>

Assessment Office Use Only

<i>Assessment Amount (\$)</i>	<i>Class</i>	<i>Amount (\$)</i>
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Comments

Council or Assessment Review Board – Decision Made Upon Above Application

Approved Not Approved

Reason

Municipal Signature	Date Processed
<i>Signature</i>	<i>MM/DD/YY</i>