



# 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, 160 Wellington St, PO Box 609, Mitchell, ON N0K 1N0, telephone 519-348-8429 (Clerk's Department).

### Office Use Only

**Date Submitted:** \_\_\_\_\_ **Received By:** \_\_\_\_\_

### Owner Information

<b>Roll No.</b>	<i>County</i>	<i>Mun</i>	<i>Map</i>	<i>Sub</i>	<i>Parcel</i>	<i>Tenant</i>
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### Property Address/Description

**Full Name**      *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle Initial* \_\_\_\_\_

**Mailing Address**      *Street Name & Number* \_\_\_\_\_ *P.O. Box* \_\_\_\_\_ *Apt or Unit #* \_\_\_\_\_

*City* \_\_\_\_\_ *Province* \_\_\_\_\_ *Postal Code* \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

### Details of Reason

*Reason for Application*

<b>Effective Date of Cancellation</b>	<b>Applicant's Signature</b>	
<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*

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