



TOWNSHIP OF UXBRIDGE

Application Form for Cancellation/Reduction/Refund of Taxes under Section 357 or 358 of Municipal Act

Tax Roll #	1	8	2	9	-				-				-	0	0	0	0
------------	---	---	---	---	---	--	--	--	---	--	--	--	---	---	---	---	---

Tax Year(s): _____

Cancellation/Reduction/Refund of Taxes under: Section 357 Section 358

Effective from (mm/dd/yyyy): _____ to _____

Property Address: _____

Property Owner(s): _____

Mailing Address: _____

Phone Number: _____ Email: _____

Reason for Appeal:

- s. 357(1)(a) Changed Tax Class because of a change event as defined in the legislation.
- s. 357(1)(b) Land has become vacant land or excess land.
- s. 357(1)(c) Land has become exempt from taxation.
- s. 357(1)(d)(i) A building or structure on the land was razed by fire, demolition or otherwise.
- s. 357(1)(d)(ii) A building on the land was damaged by fire, demolition or otherwise to render it unusable for the purposes for which it was used immediately prior to the damage.
- s. 357(1)(d.1) Unable to pay because of sickness or extreme poverty.
- s. 357(1)(e) A mobile unit on the land was removed.
- s. 357(1)(f) Overcharge due to a gross or manifest error that is clerical or factual in nature.
- s. 357(1)(g) Repairs/renovations that would prevent normal use of the property (minimum 3 months).

Details of Reason for this application: (Please provide copies of pertinent documents that support this appeal)

I certify that the information on this form, and all the attachments, is true and correct.

Name of Applicant (print): _____

Signature _____ Date _____

Return completed forms to:

Township of Uxbridge 51 Toronto St S, PO Box 190 Uxbridge ON L9P 1T1
or tax@uxbridge.ca

Personal information on this form is collected under the authority of Section 357/358 of the Municipal Act, 2001

Township of Uxbridge documents are available in alternate formats upon request. Please fill out the Accessibility Request for Alternate Formats Form at www.uxbridge.ca or contact the Accessibility Coordinator at 905-852-9181 or at accessibility@uxbridg.ca

Office Use Only

Date Received: _____ Date sent to MPAC: _____ MPAC Reference #: _____