



Application for an Adjustment of Taxes

Date of Application:

Application / Type Number

357

Date Sent To MPAC:

Date returned to Municipality:

Property Address	Assessment Roll Number					
	County	Municipal	Map	Subdivision	Parcel	Tenant
Name(s)	37	54		000		0000
Mailing Address	Tax Account Number: Town of Essex					
	Phone Number:					
	City:	Province:			Postal Code:	

Reason for Application	<input type="checkbox"/> Commercial To Residential	<input type="checkbox"/> Razed By Fire	<input type="checkbox"/> Damaged By Fire	<input type="checkbox"/> Exempt
	<input type="checkbox"/> Shared Parking Is Applicable	<input type="checkbox"/> Demolition	<input type="checkbox"/> Overcharged or Manifest Error	<input type="checkbox"/> Sickness Or Poverty
Comments:				

Assessor's Name:	Date:
Assessor's Comments: _____	

Particulars of Assessment	Amount	Type	Effective Date

Write-Off Calculations:	
Adjustment Calculations: _____	
Write-Off Amount: \$ _____	<input type="checkbox"/> Customer On Pre-Authorized Payment: _____
<input type="checkbox"/> Applied To Taxes: \$ _____ Or	<input type="checkbox"/> Refund Amount: \$ _____ Or <input type="checkbox"/> Both
<input type="checkbox"/> Taxes Paid By Mortgage Company: _____	<input type="checkbox"/> Letter Sent
Comments / Notes:	

