City Clerk's Department

Board of Revision

Unit 1 – 756 Pembina Highway, Winnipeg, Manitoba R3M 2M7

APPLICATION FOR ASSESSMENT REVISION

PLEASE PRINT CLEARLY

TYPE OF APPLICATION (check one [√])		ROLL YEAR UNDER APPEAL
REALTY ASSESSMENT ☐	BUSINESS TAX ASSESSMENT ☐	PLEASE FILL IN THE ROLL YEAR HERE

Property Address		**Roll Number**	ONLY ONE ROLL NUMBER PER APPLICATION
Legal Description	FOR REALTY APPLICATION ONLY – LOT, BLOCK, PLAN		

I am appealing (please check [√] applicable box(es))

1. **Classification of Property** ☐	2. **Liability to Taxation** ☐
3. **Refusal by an Assessor to amend the Assessment Roll under Subsection 13(2) of the *Municipal Assessment Act*.** ☐	4. **Amount of Assessed Value** (a) Application Seeking Increase ☐ (b) Application Seeking Decrease ☐

My reason(s) for believing that my assessment is incorrect: (attach additional pages if required)

_____

_____

_____ _____

Date *Signature of Applicant*

Applicant's Name:	PLEASE PRINT	IF COMPANY PLEASE ALSO INCLUDE CONTACT PERSON	

The applicant is: (check [√] applicable description) **If Agent box is checked complete OPTION Section below

Owner ☐	****Agent** ☐	**Assessor** ☐	**Mortgagee in Possession** ☐	**Tenant Liable for Taxes** ☐

Mailing Address:	STREET ADDRESS / CITY		POSTAL CODE
Telephone:	HOME	WORK	FAX

OPTION: IF YOU WISH SOMEONE TO REPRESENT YOUR APPEAL AND TO RECEIVE THE NOTICE OF HEARING AND SUBSEQUENT DECISION, PLEASE COMPLETE THE NEXT SECTION

I, _____ (the owner, assessor, mortgagee, or tenant) hereby authorize

_____ (AGENT) to represent me in all matters relating to this appeal.

(This authorization extends to any application that may be filed by the City Assessor with respect to this Roll Number for the same time frame.)

FILE NUMBER

OFFICE USE ONLY

_____

Signature of Person Authorizing the Agent

Name of Representative:			
Mailing Address:	STREET ADDRESS / CITY		POSTAL CODE
Telephone:	HOME	WORK	FAX

RETURN APPLICATION TO: APPEALS MANAGER, BOARD OF REVISION
Unit 1 – 756 Pembina Highway, Winnipeg, Manitoba R3M 2M7 Ph: 311 Fax: 986-6999

Note to Applicants: This form must be completed and signed to comply with Sections 42(1) and 36(2) of *The Municipal Assessment Act.* If you require assistance in filing an appeal, please contact the Board of Revision.