



## APPLICATION OF ASSESSMENT REVISION TO THE BOARD OF REVISION

To the Secretary of the Board of Revision for the Town of Ste. Anne, Manitoba

<b>Tax Roll Number:</b>		<b>Property Address:</b>	
<b>Legal Description:</b>			
<b>Assessment Year under Appeal:</b>		<b>Assessment Amount:</b>	

**I, the undersigned Applicant, hereby appeal against the:**

- |   |  |
|---|--|
| <input type="checkbox"/> Liability to taxation      | <input type="checkbox"/> Amount of an assessed value   |
| <input type="checkbox"/> Classification of property | <input type="checkbox"/> A refusal by an assessor to amend the assessment roll under subsection 13(2) of <i>The Municipal Assessment Act</i> |

The reason(s) for my appeal is:

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**I, the undersigned Applicant, confirm that I am the:**

- ☐ Registered Owner   ☐ Mortgagee in Possession of Property   ☐ Occupier\*
- ☐ Authorized Agent or Representative \*\*

\* Required under terms of a lease to pay the property taxes

\*\* If the application is being submitted by a representative or agent, a completed Agent/Authorization Form must be included with this form.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Email

\_\_\_\_\_  
Full Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Alt. Phone Number

\_\_\_\_\_  
Signature of Owner or Authorized Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent / Representative

\_\_\_\_\_  
Date



APPLICATION OF ASSESSMENT REVISION  
TO THE BOARD OF REVISION

AGENT / REPRESENTATIVE AUTHORIZATION FORM

I, \_\_\_\_\_ (owner, mortgagee, or occupier) hereby authorize  
\_\_\_\_\_ (Agent / Representative) to represent me in all matters  
relating to this appeal.

\_\_\_\_\_  
Signature of Authorizing Person

\_\_\_\_\_  
Name of Agent / Representative

\_\_\_\_\_  
Name of Firm / Business

\_\_\_\_\_  
Full Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address