

TYPE OF APPLICATION

Realty Assessment Supplemental Assessment

Personal Property Assessment Business Assessment

Property Address

Roll No.

Legal Description

Year(s) under appeal

Application for Revision:

Liability to taxation Amount of an assessed value

Classification of property A refusal by an assessor to amend the assessment roll
under subsection 13(2) of *The Municipal Assessment Act*

The reason(s) for my appeal is:

*** Please add additional papers if more space is required

APPLICANT INFORMATION

Registered Owner Mortgagee in Possession of Property Assessor 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

Fax

Signature of Owner or Authorized Signatory

Date

Signature of Agent / Representative

Date

An application must be delivered to the municipal office at the address below at least 15 days before the scheduled sitting date of the board of revision

Town of Ste. Anne
Attn: Board of Revision Secretary
14 Centrale Avenue
Ste. Anne, MB R5H 1B8
finance@steanne.ca



APPLICATION OF ASSESSMENT REVISION
PLEASE PRINT

AGENT / REPRESENTATIVE AUTHORIZATION FORM

I, _____ (owner, assessor, 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