

# APPLICATION FOR REVISION OF ASSESSMENT ROLL

## Applicant Information

Applicant / Owner Name	_____
Mailing Address	_____ _____
Phone Number	(H) _____ (W) _____ (FAX) _____
Applicant's Signature	_____
If you wish to have a third party represent you at the hearing, please include an Agent Authorization Form with this application.	

## Property Information

Municipality	_____	Roll Number	_____
Legal Description	_____		
Civic Address	_____		

## Appeal Information

Year Under Appeal	_____	Type of Application (check one):
<input type="checkbox"/> Real Property Assessment	<input type="checkbox"/> Business Assessment	<input type="checkbox"/> Personal Property Assessment
Grounds of Appeal (check all that apply):		
<input type="checkbox"/> Amount of Assessed Value	<input type="checkbox"/> Liability to Taxation	<input type="checkbox"/> Classification
<input type="checkbox"/> Refusal of the Assessor to amend the Assessment Roll under subsection 13(2) of the Act		

The reason(s) for my appeal is:

---

---

---

---

Return this application to the Secretary of the Board of Revision for your municipality.

Signed and completed in full, this form meets the requirements of the application for revision in sections 42(1) and 43(1) of The Municipal Assessment Act.

If you require further assistance in filing this appeal please contact your municipal office or the nearest Manitoba Intergovernmental Affairs, Assessment Services office.