

THE CITY OF WINNIPEG

BOARD OF REVISION



CITY CLERK'S DEPARTMENT ADMINISTRATION BUILDING, 510 MAIN STREET WINNIPEG, MANITOBA, R3B 1B9

TELEPHONE: 311 FAX: 204-947-3452 E-MAIL: BOR@WINNIPEG.CA

	VVII FILEASE PRIN			
FILE NO.	TEMETRI	VI GEL/IKE I		
APPLICATION FOR REVIS	SION INFORMATION			
REALTY RESIDENTIAL REALTY COMMERCIAL		☐ BUSINESS ANNUAL RENTAL VALUE		
ASSESSMENT YEAR	ASSESSMENT VALUE	ROLL NUMBER		
PROPERTY ADDRESS	L	LEGAL DESCRIPTION LOT BLOCK PLAN		
HEARING INFORMATION HEARING DATE	(IF SCHEDULED)	HEARING TIME		
HEARING LOCATION		HEARING ASSESSOR'S NAME		
REGISTERED OWNER / M PLEASE CHECK (√) APPROPRIATE REGISTERED OWNER	MORTGAGEE / OCCUPIER INFOR	RMATION Occupier Liable for Taxes		
NAME / COMPANY (INCLUDING IN	DIVIDUAL'S NAME / POSITION / TITLE)	Mailing Address including Postal Code		
DAYTIME TELEPHONE NUMBER		E-MAIL		
AGENT / REPRESENTATI	VE INFORMATION (IF APPLICABLE			
NAME / COMPANY (INCLUDING IN	DIVIDUAL'S NAME / POSITION / TITLE)	MAILING ADDRESS INCLUDING POSTAL CODE		
DAYTIME TELEPHONE NUMBER		E-MAIL		
WITHDRAWAL OF APPLIC	CATION FOR REVISION INFORM	ATION		
☐ I WISH TO WITHDRAW MY AP	PLICATION FOR REVISION IN FULL			
OR I WISH TO WITHDRAW MY AF	PPLICATION FOR REVISION IN PART, NAME	LY THE FOLLOWING POINT(S):		
AMOUNT OF AN ASSESSED	VALUE - SEEKING DECREASE			
AMOUNT OF AN ASSESSED	VALUE - SEEKING INCREASE			
CLASSIFICATION OF PROPI	ERTY			
☐ LIABILITY TO TAXATION				
REFUSAL BY AN ASSESSOR	TO AMEND THE ASSESSMENT ROLL UND	ER SUBSECTION 13(2) OF THE MUNICIPAL ASSESSMENT ACT		
SIGNATURE OF APPLICANT		DATE		