



Tribunals Ontario

Assessment Review Board
15 Grosvenor Street, Ground Floor
Toronto, ON M7A 2G6
Email: arb.registrar@ontario.ca
Website: tribunalsontario.ca/arb

Palpable Error Application Form

(Disponible en français)

Date Stamp

NOTE: This form is for submitting a Palpable Error Application only.

Pursuant to section 40.1 of the *Assessment Act*, a person may apply to the Board to request that the Board correct an error in the assessment roll.

Section 40.1 states:

- 40.1 If it appears that there are palpable errors in the assessment roll,
- a. if no alteration of assessed values or classification of land is involved, the Board may correct the roll;
 - and**
 - b. if alteration of assessed values or classification of land is involved, the Board may extend the time for bringing appeals and direct the assessment corporation to be the appellant.

Date Application is Submitted to the Board (dd/mm/yyyy): _____

Note: This request/form must be completed in full, or your request will not be accepted by the Board.

Part 1: Property Information

Property Roll Number: _____

Property Address: _____

Do you have a representative? Yes No

I would like to communicate with the ARB in: English French

I have accessibility requirements: No Yes (please contact the Board as soon as possible)

Part 2: Applicant Information

First name: _____

Last name: _____

Company (if any): _____

Mailing Address

Unit number: _____

Street number: _____

Street name: _____

City: _____

Province: _____

Postal code: _____

Country (if not Canada): _____

Home phone number: _____

Business phone number: _____

Fax number: _____

Email address: _____

Property Roll Number:

Part 3: Representative Information (To be completed where there is a representative)

| | |
|---------------|-------------------------|
| Company name: | Name of representative: |
|---------------|-------------------------|

| | | |
|-----------------|----------------|--------------|
| Mailing Address | | |
| Unit number: | Street number: | Street name: |

| | | | |
|-------|-----------|--------------|--------------------------|
| City: | Province: | Postal code: | Country (if not Canada): |
|-------|-----------|--------------|--------------------------|

| | | |
|----------------------------|---------------------------|-------------|
| Telephone number (office): | Telephone number (other): | Fax number: |
|----------------------------|---------------------------|-------------|

Email address:

Representatives who are not licensed by the Law Society of Ontario must have written authorization and check the box below.

I certify that I have written authorization from the applicant to act as a representative for this application and I understand that I may be asked to produce this authorization at any time. I understand that I can only be a representative if I qualify for an exemption under the rules of the Law Society of Ontario.

Part 4: Application Particulars

The Request is made pursuant to:

Section 40.1 (a) Section 40.1 (b) Section 40.1 (a) and (b)

For each error, please attach an Information Schedule setting out the following information:

- Confirmation of the Assessment Roll taxation years that are incorrect;
- For each taxation year, a detailed description of the information on the Roll which is said to be incorrect;
- Confirmation of whether the error falls under s.40.1 (a) or (b);
- For each taxation year, a specific statement of the correction to be made; and
- Detailed reasons why the error is a “palpable” error within the meaning of section 40.1.

Part 5: Parties' Position on the Application

| Organization | Participant Name | Consent | Oppose | No Position | No Response |
|---|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> MPAC | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Municipality | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Property Owner | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: If any of the parties oppose the request, please indicate who and why in the Supporting Information section.

Notes/Supporting Information:

Date Applicant sought other parties' positions on the Application request(s) (provide emails):
(dd/mm/yyyy): _____

Property Roll Number:

Part 6: How to Submit Your Application

File your application by e-mail to ARB.Registrar@ontario.ca. If you are unsure whether you filed correctly and file more than once, please mark any additional submissions COPY to avoid duplicate charges.

FOR INTERNAL USE ONLY

Approved Denied Set to Motion

Signature: _____

Date & Time: _____