



## IMPORTANT INFORMATION

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MPAC is responsible for accurately assessing and classifying all properties in Ontario in accordance with the *Assessment Act* and regulations established by the Ontario Government.

If you feel that your property assessment is not a reasonable reflection of your property's value and/or classification as of January 1, 2012, you can ask us to review them by completing this form using a black pen and sending it to us.

**The deadline to submit a Request for Reconsideration for the 2016 tax year is March 31, 2016.** If we need more information from you to complete the review, we will contact you. When the review is complete, we will send you a letter with the results.

If you need any help in completing this form or have any accessibility needs, please contact us at 1 866 296-MPAC (6722) or 1 877 889-MPAC (6722) TTY.

The information on this RFR form is collected under the authority of the *Assessment Act* and will be used for the purpose of reconsidering your property assessment. Please note that if your RFR is in regard to eligibility for the farm property class, managed forest tax incentive program, or the conservation land tax incentive program, your request must be handled by the Ministry of Agriculture, Food and Rural Affairs, or the Ministry of Natural Resources and Forestry in accordance with Ontario Regulation 282/98; and, by filing your RFR with MPAC, you authorize MPAC to transfer your request to the appropriate Ministry for this purpose. Your privacy is protected under the *Municipal Freedom of Information and Protection of Privacy Act*.

### How MPAC Reviews your Assessed Value

When we review your property's assessed value, we look at the information you provide with your RfR and the information we have in our files including:

- Details of your property such as the size of your lot.
- The size, type, condition and age of any buildings that may be on the property.
- Depreciation, nuisances or any other factors that could have an impact on the current value of your property.

We also compare your property's assessed value with sales and values of similar properties in the area.

### How to file an Appeal with the Assessment Review Board (ARB)

You may also file an Appeal with the ARB, an independent tribunal of the Ontario Ministry of the Attorney General. If your property, or a portion of it, is classified as residential, farm or managed forest, you must first file a RfR with MPAC before you are eligible to file an Appeal with the ARB. **The deadline to file an Appeal with the ARB is 90 days from the date of MPAC's written decision.**

You can find more information including forms, fees and how to file an Appeal online at [elto.gov.on.ca](http://elto.gov.on.ca).

### Returning Your Completed Form

The preferred method of returning your completed form is through [aboutmyproperty.ca](http://aboutmyproperty.ca). Your login information is included on your Property Assessment Notice. Through this website, you can learn more about how your property was assessed and compare your property with others in your neighbourhood.

**You may also return your completed form via:**

**MPAC Website:** [Contact Us](#)

**Fax:** 1 866 297-6703

**Mail:** MPAC, PO Box 9808, Toronto ON M1S 5T9



**Request for Reconsideration  
(For Residential Properties)**

**2016 Tax Year**

**Section 1: About your property**

**Roll number**

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|                                 |                        |                                 |
|---------------------------------|------------------------|---------------------------------|
| Property Address                |                        |                                 |
| Municipality                    |                        |                                 |
| Owner 1 (Last Name, First Name) |                        | Owner 2 (Last Name, First Name) |
| Company Name (If Applicable)    |                        | Position/ Title (If Applicable) |
| Home Phone Number               | Alternate Phone Number | Email Address                   |

If we should send follow-up information somewhere other than the property address, please indicate below:

Mailing Address

What is your property's value on January 1, 2012 as shown on your Property Assessment Notice or Amended Property Assessment Notice?

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**Section 2: Reasons for reconsidering your property's assessed value**

Section 39.1 of the *Assessment Act* requires you to provide the reasons for your request for review and all relevant details. Please provide this information below. Use a second sheet of paper if necessary.

[Large empty box for providing reasons for reconsideration]

**Section 3: Supporting documentation attached**

Please indicate if you will be providing any documents or photographs to support your request.

- Photos of this property
- Photos of similar properties
- Sale information for this property and other similar properties
- Assessed value of similar properties
- Other documents, such as the municipal zoning records

## Section 4: Residential property data

### Roll number

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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For properties with a residential dwelling (not including condominium properties), please provide the following data to confirm the information that we have on file for your property.

| Main Structure Details   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Full Storeys   | <input type="checkbox"/> 1 Storey <input type="checkbox"/> 2 Storeys <input type="checkbox"/> 3 Storeys  |  |  |  |  |  |  |
| Part Storeys   | <input type="checkbox"/> ¼ Storey <input type="checkbox"/> ½ Storey <input type="checkbox"/> ¾ Storey  |  |  |  |  |  |  |
| Design   | <input type="checkbox"/> Back Split <input type="checkbox"/> Side Split <input type="checkbox"/> Raised Bungalow   |  |  |  |  |  |  |
| Full Bathrooms   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other: _____  |  |  |  |  |  |  |
| Half Bathrooms (no tub or shower)  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other: _____  |  |  |  |  |  |  |
| Total Area (sq.ft.)  | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> </table> |  |  |  |  |  |  |
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| 1 <sup>st</sup> Floor (sq. ft.)  | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> </table> |  |  |  |  |  |  |
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| 2 <sup>nd</sup> Floor (sq.ft.)   | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> </table> |  |  |  |  |  |  |
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| 3 <sup>rd</sup> Floor (sq. ft.)  | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> </table> |  |  |  |  |  |  |
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| Total Basement Area (sq. ft.)  | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> </table> |  |  |  |  |  |  |
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| <i>Exterior measurements only</i>  |  |  |  |  |  |  |  |
| Basement Finished Area   | <input type="checkbox"/> ¼ Finished <input type="checkbox"/> ½ Finished <input type="checkbox"/> ¾ Finished <input type="checkbox"/> Fully Finished <input type="checkbox"/> Not Finished  |  |  |  |  |  |  |
| Basement Finished Type   | <input type="checkbox"/> Recreation Room <input type="checkbox"/> Multiple room finish <input type="checkbox"/> Basement Apartment   |  |  |  |  |  |  |
| Basement Walkout   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |  |  |
| Completion date of finished basement   | <input type="text" value="dd/mm/yyyy"/>  |  |  |  |  |  |  |
| Primary Heating System   | <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Geo-Thermal <input type="checkbox"/> Other: _____  |  |  |  |  |  |  |
| Fuel Source  | <input type="checkbox"/> Forced Air <input type="checkbox"/> Radiant Electric <input type="checkbox"/> Hot Water <input type="checkbox"/> Gravity Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Airtight Stove   |  |  |  |  |  |  |
| Heating Type   | <input type="checkbox"/> Pipeless Hot Air <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> In-Floor Radiant <input type="checkbox"/> No Central Heating <input type="checkbox"/> Other: _____  |  |  |  |  |  |  |
| Central Air Conditioning   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |  |  |
| Built-in Fireplaces  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other: _____  |  |  |  |  |  |  |
| Sauna  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 50px;" type="text"/> Length (ft) <input style="width: 50px;" type="text"/> Width (ft) <input style="width: 50px;" type="text"/> Height (ft)  |  |  |  |  |  |  |
| Hot Tub/Whirlpool Bath (separate from bathroom)  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 50px;" type="text"/> Sq. Ft. of Hot Tub/Whirlpool Bath   |  |  |  |  |  |  |
| Porches/Decks  | <input type="checkbox"/> N/A <input type="checkbox"/> Uncovered (No Roof) <input type="checkbox"/> Covered (Full Roof) <input type="checkbox"/> Enclosed <input type="checkbox"/> Enclosed (insulated)   |  |  |  |  |  |  |
| Please provide details on the size and type of porch/deck(s) below (e.g. 300 sq. ft. deck and 200 sq. ft. covered porch)   |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border: 1px solid black; height: 20px;"> </td></tr> </table> |  |  |  |  |  |  |  |
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| Site Services    |   |
|------------------|---|
| Water            | <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well <input type="checkbox"/> Shared Well <input type="checkbox"/> Lake/River <input type="checkbox"/> Other: _____                             |
| Sanitary         | <input type="checkbox"/> Municipal <input type="checkbox"/> Septic Bed <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other: _____  |
| Hydro Available  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Site Access      | <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal <input type="checkbox"/> Private Road <input type="checkbox"/> Water <input type="checkbox"/> No Access <input type="checkbox"/> Other: _____ |
| Driveway/Parking | <input type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/> Rear Lane <input type="checkbox"/> Other: _____   |

## Section 4: Residential property data (continued)

**Roll number**

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| Have there been any additions to the property?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Addition Area <input style="width: 100px;" type="text"/> Sq. Ft. (Exterior)    Addition Completion Date <input style="width: 100px;" type="text"/><br>Addition Storeys <input type="checkbox"/> 1 Storey <input type="checkbox"/> 2 Storeys <input type="checkbox"/> 3 Storeys  |                   |  |          |                 |                       |  |                   |  |                        |  |              |  |                |  |             |  |                    |  |            |  |                  |  |              |  |                    |  |  |  |              |  |  |  |
|---|---|-------------------|--|----------|-----------------|-----------------------|--|-------------------|--|------------------------|--|--------------|--|----------------|--|-------------|--|--------------------|--|------------|--|------------------|--|--------------|--|--------------------|--|--|--|--------------|--|--|--|
| Have there been any improvements or alterations to the property since it was constructed? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">Interior</th> <th style="width: 20%; text-align: center;">Completion Year</th> <th style="width: 30%; text-align: left;">Exterior</th> <th style="width: 20%; text-align: center;">Completion Year</th> </tr> </thead> <tbody> <tr> <td>Kitchen Modernization</td> <td style="text-align: center;"><input style="width: 100px;" type="text"/></td> <td>Exterior Cladding</td> <td style="text-align: center;"><input style="width: 100px;" type="text"/></td> </tr> <tr> <td>Bathroom Modernization</td> <td style="text-align: center;"><input style="width: 100px;" type="text"/></td> <td>Roof Surface</td> <td style="text-align: center;"><input style="width: 100px;" type="text"/></td> </tr> <tr> <td>Wiring Upgrade</td> <td style="text-align: center;"><input style="width: 100px;" type="text"/></td> <td>New Windows</td> <td style="text-align: center;"><input style="width: 100px;" type="text"/></td> </tr> <tr> <td>New Heating System</td> <td style="text-align: center;"><input style="width: 100px;" type="text"/></td> <td>Foundation</td> <td style="text-align: center;"><input style="width: 100px;" type="text"/></td> </tr> <tr> <td>Plumbing Upgrade</td> <td style="text-align: center;"><input style="width: 100px;" type="text"/></td> <td>Other: _____</td> <td></td> </tr> <tr> <td>Structural Changes</td> <td style="text-align: center;"><input style="width: 100px;" type="text"/></td> <td></td> <td></td> </tr> <tr> <td>Other: _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Interior          | Completion Year                            | Exterior | Completion Year | Kitchen Modernization | <input style="width: 100px;" type="text"/> | Exterior Cladding | <input style="width: 100px;" type="text"/> | Bathroom Modernization | <input style="width: 100px;" type="text"/> | Roof Surface | <input style="width: 100px;" type="text"/> | Wiring Upgrade | <input style="width: 100px;" type="text"/> | New Windows | <input style="width: 100px;" type="text"/> | New Heating System | <input style="width: 100px;" type="text"/> | Foundation | <input style="width: 100px;" type="text"/> | Plumbing Upgrade | <input style="width: 100px;" type="text"/> | Other: _____ |  | Structural Changes | <input style="width: 100px;" type="text"/> |  |  | Other: _____ |  |  |  |
| Interior  | Completion Year   | Exterior          | Completion Year                            |          |                 |                       |  |                   |  |                        |  |              |  |                |  |             |  |                    |  |            |  |                  |  |              |  |                    |  |  |  |              |  |  |  |
| Kitchen Modernization   | <input style="width: 100px;" type="text"/>  | Exterior Cladding | <input style="width: 100px;" type="text"/> |          |                 |                       |  |                   |  |                        |  |              |  |                |  |             |  |                    |  |            |  |                  |  |              |  |                    |  |  |  |              |  |  |  |
| Bathroom Modernization  | <input style="width: 100px;" type="text"/>  | Roof Surface      | <input style="width: 100px;" type="text"/> |          |                 |                       |  |                   |  |                        |  |              |  |                |  |             |  |                    |  |            |  |                  |  |              |  |                    |  |  |  |              |  |  |  |
| Wiring Upgrade  | <input style="width: 100px;" type="text"/>  | New Windows       | <input style="width: 100px;" type="text"/> |          |                 |                       |  |                   |  |                        |  |              |  |                |  |             |  |                    |  |            |  |                  |  |              |  |                    |  |  |  |              |  |  |  |
| New Heating System  | <input style="width: 100px;" type="text"/>  | Foundation        | <input style="width: 100px;" type="text"/> |          |                 |                       |  |                   |  |                        |  |              |  |                |  |             |  |                    |  |            |  |                  |  |              |  |                    |  |  |  |              |  |  |  |
| Plumbing Upgrade  | <input style="width: 100px;" type="text"/>  | Other: _____      |  |          |                 |                       |  |                   |  |                        |  |              |  |                |  |             |  |                    |  |            |  |                  |  |              |  |                    |  |  |  |              |  |  |  |
| Structural Changes  | <input style="width: 100px;" type="text"/>  |                   |  |          |                 |                       |  |                   |  |                        |  |              |  |                |  |             |  |                    |  |            |  |                  |  |              |  |                    |  |  |  |              |  |  |  |
| Other: _____  |   |                   |  |          |                 |                       |  |                   |  |                        |  |              |  |                |  |             |  |                    |  |            |  |                  |  |              |  |                    |  |  |  |              |  |  |  |

### Building Permits

Have you been approved for a building permit for a new structure or a demolition in the last 3 years?  
 Yes     No (if yes, please provide details and completion date below)

### Comments and/or Secondary Structure information

Please list any secondary structures (i.e. garages, sheds, in-ground pool) and include additional information relevant to the property.

|  |
|--|
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## Section 5: Signature of owner

|          |                   |
|----------|-------------------|
| <b>X</b> | Date (dd/mm/yyyy) |
|----------|-------------------|

## Section 6: Representative information

If you would like someone else to act for you while we review your RfR, please complete this section by indicating their name below and providing a Letter of Authorization. You may also use the [Representative Authorization Form](#) available at [mpac.ca](http://mpac.ca).

|   |                     |           |
|---|---------------------|-----------|
| Name Representative (Last Name, First Name) | LSUC License Number | Telephone |
|---|---------------------|-----------|

A representative may act on behalf of a property owner. There have been recent changes to the [Law Society Act](#) with respect to the requirements of who can act as a representative for a property owner. If you are not the owner of the property, you must also supply a Letter of Authorization endorsed by the property owner stating that you are representing the owner in this matter. Persons approved by the Law Society of Upper Canada to practice law or provide legal services in Ontario do not require Letters of Authorization.