

## APPLICATION

# BOARD OF REVISION

(Applications to be received by November 3<sup>rd</sup>, 2025 4:30pm)



(Date Stamp Include Time Received)

Roll Number: \_\_\_\_\_

Date: \_\_\_\_\_

Assessment Year Appealing: \_\_\_\_\_

## Applicant Information

- ☐ Registered Owner
- ☐ Mortgagee in Possession of Property
- ☐ Occupier \* required under terms of a lease to pay the taxes.
- ☐ Assessor
- ☐ Authorized Agent or Representative \* If the application is being submitted by a representative a completed (Agent/Authorization Form must be included with this form.

Applicants Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Property Information

Legal Description: \_\_\_\_\_

Civic Address: \_\_\_\_\_

### Grounds for Application (Please check one or more, as applicable)

- ☐ Liability to taxation – ie: should not be taxed because exempt property
- ☐ Amount of an assessed value
- ☐ Classification of property – ie: is the property classed residential, farmland or business incorrectly
- ☐ A refusal by an assessor to amend the assessment roll under subsection 12(2). This applies only in years between general reassessments and applies only where the applicant has made a written application to the assessor to amend the roll and the application has been refused by the assessor.

Please note: As per Section 42(1) of the *Municipal Assessment Act*, the above are the only grounds for filing an application for the Board of Revision.

The reason for my application and additional marks:

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(Include any backup information that you can provide (eg: pictures, supporting documentation))

Please note: As per Section 46(2) of the *Municipal Assessment Act*, the Board may dismiss the application in the absence of the applicant/representative.

Signature of Applicant(s): \_\_\_\_\_

(The above information may be added to the contact information on file.)

**Applications can be submitted by the following:**

Mail: Box 2 Group 35 RR1  
East Selkirk, MB R0E 0M0

Email: [info@rmofstclements.com](mailto:info@rmofstclements.com)

Fax: 1-204-482-3098

In Person: 1043 Kittson Road East Selkirk, MB  
There is a drop slot located in the back entrance door on the South side of the building.

**For Office Use Only**

Mail: \_\_\_\_\_

Email: \_\_\_\_\_

In Office: \_\_\_\_\_

Received by: \_\_\_\_\_