

Environment and Land Tribunals Ontario Assessment Review Board, 655 Bay Street, Suite 1500, Toronto, Ontario M5G 1E5 Phone: (416) 212-6349 or 1-866-448-2248 Fax: (416) 314-3717 or 1-877-849-2066 Website: www.elto.gov.on.ca

# **MUNICIPAL ACT COMPLAINT - COMPARABLES**

Form and Instructions for filing a *Municipal Act, 2001* complaint with the Assessment Review Board and information on how to prepare for your hearing event.

<u>Please note:</u> This form is for Municipal Act complaints – Comparables only. Do not use this form to file assessment complaints (sections 33, 34 or 40 of the *Assessment Act*). Do not use this form for any other applications, appeals and/or complaints under the *Municipal Act*, 2001. Different forms are available to file the other applications, appeals and complaints. Issues of tax exemption can only be addressed by the Superior Court of Justice.

**<u>Before Filing</u>**: Please contact the municipality where the property is located for information regarding the tax account and the complaint process.

**Required Filing Fee:** \$125.00 for each roll number. Your complaint will not be accepted without the required filing fee.

**<u>Filing Deadline</u>**: Filing deadlines are established by legislation and cannot be waived by the ARB. Filing deadlines depend on the type of complaint you are making.

**Important:** Please attach to your complaint a copy of the supporting document requested in Part 2 of the complaint form. The ARB cannot determine if your complaint has been filed on time without the supporting document.

<u>Accessibility</u>: We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible.

	These descriptions are summa	arized – please refer to the <i>Municipal Act, 2001.</i>
SEG	CTION NUMBER AND COMPLAINT REASON	FILING DEADLINE
331	Dispute comparable properties or dispute no comparable properties.	Complain within 90 days of the mailing of the municipal notice of determination.

Each taxation year is considered a separate complaint. A separate form must be submitted to the ARB for each taxation year.

## Instructions for filing a *Municipal Act, 2001* complaint with the Assessment Review Board

#### Part 1: Property Information

Please refer to your municipal property tax bill or property assessment notice when completing this section.

Roll Number:	The roll number is a 19-digit number assigned to each property. Please ensure that this number is accurately recorded on each page of the complaint form.
Street Address and Property Description:	Enter the municipal address of the property for which you are filing a Municipal Act complaint.
Municipality:	Note the city, town or village in which the property is located.
Preferred Language:	Check the appropriate box indicating your language preference for receiving ARB services, including hearings, notices and other public information materials.

#### **Part 2: Complaint Information**

Taxation Year: Write in the taxation year that is the subject of your complaint.

Supporting Documents: Supporting documents are required by the Assessment Review Board to determine if your Municipal Act complaint has been filed within legislated deadlines. Check the appropriate box to indicate you have attached a copy of the supporting document to the complaint form.

If you do not have a copy of your supporting document, do not wait to file the complaint. **Filing deadlines** are established by legislation and cannot be waived. If you do not submit the required document with your complaint, the ARB will send you an Acknowledgement Letter requesting a copy of the required document.

*Filing Deadline:* This is the last day a Municipal Act complaint can be filed with the Assessment Review Board. Filing deadlines are established by legislation and cannot be waived. Filing deadlines are not the same for all section numbers. It is important that you file your Municipal Act complaint by the deadline indicated for the section number. It will not be accepted after the deadline has passed.

*Complaint Reason:* Check the appropriate box to indicate the reason for your complaint. Check only Box 1 or Box 2.

- **Box 1:** If you have checked Box 1 as your complaint reason please print in the space provided the comparable properties as shown on the list sent to you by the municipality. Then place an 'X' in the box on the right side beside the properties that you are disputing. You can check all the properties or as few as one of the properties depending upon the nature of your complaint. Then complete Box 3 by listing the properties you request to be used as comparables, to a maximum of six.
- *Box 2:* If you have checked Box 2 as your complaint reason then complete Box 3 by listing the properties you request to be used as comparables, to a maximum of six.
- Box 3: You cannot complete only Box 3. You must complete Box 1 or Box 2, then complete Box 3.
- Additional Pages: If you require more room, please attach additional page(s) and check the box on the bottom line to indicate you have attached additional page(s).

#### Part 3: Complainant Information

- *Representative:* Check the appropriate box to indicate if you have a representative to act on your behalf with regard to this complaint. If you have a representative, please complete Parts 3 and 4 of the form.
- **Owner:** Check the appropriate box to indicate if you are the owner of the property.

Contact Information: Provide your contact information including name, address and telephone number(s).

You must notify the Assessment Review Board in writing of any change of address or telephone number.

Personal information requested on this form is collected under the various sections of the *Municipal Act, 2001*. After a complaint is filed, all information relating to this complaint may become available to the public. For additional information, please contact an ARB Public Inquiry Assistant at (416) 212-6349 or toll-free at 1-866-448-2248. The *Municipal Act, 2001* is available at www.elto.gov.on.ca.

#### Part 4: Representative Authorization

If you have chosen someone to act on your behalf, please provide their name, address, telephone number, fax number and e-mail address. You will need to sign this section and provide your representative with a copy of the form. If you provided a letter or another form of written authorization for your representative, please make sure the representative checked the box in this section confirming he or she received your written authorization.

#### Part 5: How to File a Complaint

You can file your complaint in a number of ways. Please choose only ONE of the following filing options :

Mail it to: Assessment Review Board, 655 Bay Street, Suite 1500, Toronto, Ontario M5G 1E5

Fax it to: (416) 314-3717 or 1-877-849-2066 (toll free) (For faxing applications, appeals and complaints only.)

*Deliver* it in person to: 655 Bay Street, 15<sup>th</sup> Floor. (East side of Bay Street, north of Dundas)

Please file only ONCE. If you are unsure that your filing attempt was successful and resubmit, please mark any other submissions COPY to avoid duplicate charges.

You will receive an Acknowledgement Letter by mail once your complaint has been received by the ARB, followed by a Notice of Hearing once your hearing has been scheduled.

**Please note**: Once you have filed your Municipal Act complaint, any additional correspondence with the ARB should be copied to all parties as well.

#### Part 6: Required Filing Fee

- If you are faxing your Municipal Act complaint, payment must be made by VISA, MasterCard or American Express, in Canadian funds. Please include your credit card number, expiry date, cardholder's name and the cardholder's signature.
- If you are mailing your Municipal Act complaint, payment can be made by credit card, cheque or money order, in Canadian funds, payable to the Minister of Finance. Please note the applicable roll number(s) on the front of the cheque or money order. Please do not mail cash. Please note that if a financial institution returns your cheque, an administration fee of \$35 will apply.
- If you are delivering your Municipal Act complaint in person, payment can be made by cash, cheque, money order, debit card or credit card.

The filing fee is non-refundable. You will receive an Acknowledgement Letter in the mail once your complaint has been received, followed by a Notice of Hearing when your hearing has been scheduled.

The information you fill in under Required Filing Fee is confidential. It will only be used to process your complaint and will not be placed on file.

For further information, please contact the Assessment Review Board at 416-212-6349, toll free at 1-866-448-2248 or online at **www.elto.gov.on.ca**.

# How to Prepare for Your Hearing Event

- 1. Gather the information you require to:
  - support your comparables;
  - support your case against the comparables determined by MPAC (if applicable);
  - support your case against the comparables determined by the municipality (if applicable).
- 2. Contact MPAC to discuss the list of properties sent to you from the municipality.
- 3. If the municipality has determined comparables, contact them to discuss you case.
- 4. Consider how you will present your case to the Board.
  - Decide which documents you will provide to the Board at the hearing.
    - Bring photocopies to the hearing of any documents you would like the Board to consider in support of your case. We suggest three copies: one for the Board, one for the municipality, and one for you.
  - Decide whether you will require any witnesses other than yourself to give evidence at the hearing.
    - Contact your witnesses once you receive the Notice of Hearing to inform them of the hearing date, time and location.
    - If necessary, you can obtain a Summons to Witness from the Board's Registrar.
  - Consider whether there is any need for parties to exchange documents prior to the hearing.
    - Request from MPAC and the municipality copies of any documents they will be relying on to support their position.
    - Prior to the hearing, consider providing MPAC and the municipality with copies of the documents you will be relying on at the hearing.

# At this point, please remove the instructions (pages 1, 2 & 3) from the following complaint form and keep the information on how to prepare for your hearing event.





## Environment and Land Tribunals Ontario

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**Important:** Please attach to this complaint a copy of the supporting document requested in Part 2. The ARB cannot determine if your complaint has been filed on time without the supporting document.

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Each taxation year is considered a separate complaint.	A separate form must be submitted to the ARB for each taxation y	ear.
Part 1: Property Information (Please print clea	rly)	

Roll number: *PLEASE copy	this roll number in th	he space provided at the top of every page of this form*	
Street address:			
Municipality:			
Please choose preferred language:	English	French	

#### Part 2: Complaint Information

	These d	escriptions are summarized – please refer to the Mu	inicipal Act, 2001.
SECTION NUMBER	TAX YEAR YOU ARE APPEALING	SUPPORTING DOCUMENT(S) YOU MUST ATTACH TO THIS COMPLAINT FORM	FILING DEADLINE
331		Attach a copy of the notice of determination you received from the municipality.	Complain within 90 days of the mailing of the municipal notice of determination.
		I have attached a copy.	

Continue to next page to complete the Complaint Information section.

Complaint #		
Receipt #		
receipt #		
Data Stamp		
Date Stamp		
	For office use only	

### Part 2: Complaint Information - Continued

Please complete Box 1 or Box 2 for your complaint reason, then complete Box 3.

BOX 1	
Complaint Reason:  The following comparable properties are on the list provided by the Municipal Property Assessment Corporation to the municipality.  Print the addresses of the comparable properties as shown on the list sent to you by the municipality.	I dispute the following comparables on the list. Place an X in the box next to the address.
1.	
2.	
3.	
4.	
5.	
6.	
OR	

BOX 2	
Complain	nt Reason:
The N	Municipal Property Assessment Corporation has determined that there are no comparable properties; I dispute that there are no comparable

	AND
BOX 3	Complete this box when you have completed Box 1 or Box 2.
I request t	hat the following properties be used as comparables. Print your alternative properties by municipal address to a maximum of 6 properties.
1.	
2.	
3.	
4.	
5.	
6.	

If you require more room, please attach additional page(s). If you have attached additional pages, please check here. 🗌

Roll Number	:	-		
Part 3: Compla	ainant Information			
Do you have a r	epresentative?	Yes	No If yes, comp	olete Parts 3 & 4.
Are you the own	ner of the property?	Yes	No No	
Last name:			First name:	
Company name	(if applicable):			
Mailing address	:			
	Street address		Apt/Suite/Unit#	City
	Province		Country (if not Canada)	Postal Code
Business/other	telephone #:		_Home telephone #:	
Fax #:			_ E-mail address:	
Please note: Personal inform information rela Assistant at (41	You must notify the A nation requested on this fo ating to this complaint may 6) 212-6349 or toll free at	ssessment Rev orm is collected u / become availabl I-866-448-2248. T	nder the various sections of t	y change of address or telephone number. he <i>Municipal Act, 2001</i> . After a complaint is filed, all I information, please contact an ARB Public Inquiry
	sentative Authorization		dividual(s) to represent	me.
2	:	•		
Last name:			_ First name:	
Mailing address	:Street address		Apt/Suite/Unit#	City
	Province		Country (if not Canada)	Postal Code
Telephone #:			_ Fax #:	
E-mail address:				
Complainant sig	jnature:			
Representatives	who are NOT legal couns have written authorizatio erstand that I may be ask	sel <b>must</b> confirm on from the comp ed to produce th	<i>that they have <b>written auth</b> plainant to act as a represen is authorization at any time.</i>	tative with respect to this complaint on his or her

Note: Anyone in Ontario providing legal services requires a licence, unless the group or individual is not captured by the Law Society Act or is exempt by a Law Society by-law. By-law 4 exempts persons who are not in the business of providing legal services and occasionally provide assistance to a friend or relative for no fee. For information on licensing please refer to the Law Society of Upper Canada's website www.lsuc.ca or call 416-947-3315 or 1-800-668-7380.

Roll Number:	
Part 5: How to File a	
	sing only ONE of the following options:
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<i>Fax</i> it to:	(416) 314-3717 or 1-877-849-2066 (toll free) (For faxing applications, appeals and complaints only.)
Deliver it in person to:	655 Bay Street, 15 <sup>th</sup> Floor. (East side of Bay Street, north of Dundas)
Please file your compla	on, call (416) 212-6349, (toll free) 1-866-448-2248 or visit our website: www.elto.gov.on.ca. Int only ONCE. If you are unsure that your filing attempt was successful and resubmit, please mark COPY to avoid duplicate charges.
Total fee submitted: \$_	
Credit card:	Visa MasterCard American Express
Credit card #	
	Expiry date:/ month year
Cardholder's name: Cardholder's signature If you are not payable to the money order. If you are payi full credit car Please note t The fee is not	month year baying by credit card, the filing fee must be received by cheque or money order, in Canadian funds, <b>Minister of Finance</b> . Please note the applicable roll number(s) on the front of the cheque or <b>Please do not send cash by mail</b> . Ing by VISA, MasterCard or American Express, <b>the Board will accept a faxed complaint with the</b> <b>I information requested above</b> . <b>I information requested above</b> . <b>I information returns your cheque, an administrative fee of \$35 will apply</b> .
Cardholder's name: Cardholder's signature If you are not payable to the money order. If you are payi full credit car Please note t The fee is not	month year baying by credit card, the filing fee must be received by cheque or money order, in Canadian funds, <b>Minister of Finance.</b> Please note the applicable roll number(s) on the front of the cheque or <b>Please do not send cash by mail.</b> Ing by VISA, MasterCard or American Express, <b>the Board will accept a faxed complaint with the</b> <b>I information requested above.</b> <b>I information requested above.</b> <b>I information returns your cheque, an administrative fee of \$35 will apply.</b> <b>I-refundable.</b>
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Cardholder's name: Cardholder's signature If you are not payable to the money order. If you are paying full credit car Please note to The fee is not You will received For office use only:	month       year