

**MUNICIPAL VACANT HOME TAX (VHT)  
NOTICE OF COMPLAINT FORM**

In pursuant to the provision of subsection 338.2(1) of the Ontario Municipal Act, 2001, Windsor City Council has passed By-law 91-2024 effective May 27th, 2024. As stated in the By-law, properties deemed to be vacant in a given taxation year for more than 183 days are subject to an additional 3% tax levy on their property.

- A property owner may complete this Notice of Complaint Form if they choose to dispute their VHT bill. This form, along with supporting documentation, must be received within **30 days of the date of the VHT bill**.
- The Notice of Complaint Form and all submitted documentation will be reviewed, and the results will be communicated to the owner(s) via VHT Audit Determination Notice.
- For the By-law 91-2024 and additional information on the Municipal Vacant Home Tax Program, please visit: <https://www.citywindsor.ca/city-hall/taxes-and-assessment>
- This Notice of Complaint Form can be sent by mail to: **CITY OF WINDSOR - TAXATION DIVISION - VHT, 350 CITY HALL SQ W., SUITE 410 WINDSOR, ON N9A 6S1**
  - Delivered in person to: 350 City Hall Sq. W., drop box located at the customer service counter – between 8:30 am and 4:30 pm, Monday to Friday
  - By email: [vht@citywindsor.ca](mailto:vht@citywindsor.ca)
- If you have questions about this form or this program, please call the City of Windsor at: **311, or (519) 255-CITY (2489)**, or email: [vht@citywindsor.ca](mailto:vht@citywindsor.ca)

**PROPERTY INFORMATION:**

<p style="text-align: center;"><b>ROLL NUMBER :</b></p> <p>(EXAMPLE) <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; text-align: center;">7</td><td style="border: 1px solid black; width: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; text-align: center;">9</td><td style="border: 1px solid black; width: 20px; text-align: center;">-</td><td style="border: 1px solid black; width: 20px; text-align: center;">0</td><td style="border: 1px solid black; width: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; text-align: center;">0</td><td style="border: 1px solid black; width: 20px; text-align: center;">-</td><td style="border: 1px solid black; width: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; text-align: center;">-</td><td style="border: 1px solid black; width: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; text-align: center;">4</td><td style="border: 1px solid black; width: 20px; text-align: center;">5</td><td style="border: 1px solid black; width: 20px; text-align: center;">-</td><td style="border: 1px solid black; width: 20px; text-align: center;">0</td><td style="border: 1px solid black; width: 20px; text-align: center;">0</td><td style="border: 1px solid black; width: 20px; text-align: center;">0</td><td style="border: 1px solid black; width: 20px; text-align: center;">0</td></tr></table></p>	3	7	3	9	-	0	1	0	-	1	2	3	-	1	2	3	4	5	-	0	0	0	0	<p style="text-align: center;"><b>TAX TAX ACCOUNT NUMBER :</b></p> <p style="text-align: center;">NOTE -- &gt; 6 OR 7 DIGITS</p>
3	7	3	9	-	0	1	0	-	1	2	3	-	1	2	3	4	5	-	0	0	0	0		
<p>3739 - <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> - <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> - <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> - 0000</p>														<table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>										

<p style="text-align: center;"><b>VHT BILL DATE:</b> (MM / DD / YYYY)</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<p style="text-align: center;"><b>VHT BILLED AMOUNT (\$)</b></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
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**PROPERTY ADDRESS FOR WHICH THE NOTICE OF COMPLAINT RELATES:**

STREET NUMBER: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	STREET ADDRESS: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	UNIT NUMBER: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
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**NAME OF OWNER COMPLETING NOTICE OF COMPLAINT FORM:**

LAST (FAMILY) NAME: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	FIRST (GIVEN) NAME: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
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COMPANY NAME (IF OWNED BY CORPORATION):

NAME OF PERSON COMPLETING FORM <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	POSITION OF PERSON COMPLETING FORM <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
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MAILING ADDRESS (IF DIFFERENT FROM PROPERTY ADDRESS ABOVE):

PRIMARY PHONE NUMBER: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>													EMAIL ADDRESS: <div style="border: 1px solid black; height: 25px; width: 100%;"></div>

**STATE REASON(S) & EVIDENCE FOR COMPLAINT**

ENTER THE REASON YOU BELIEVE THE ABOVE PROPERTY SHOULD NOT HAVE BEEN ASSESSED VACANT HOME TAX (VHT).

[Large empty box for entering reasons and evidence]

IF YOU HAVE ADDITIONAL SUPPORTING DOCUMENTATION THAT HAS NOT ALREADY BEEN SUBMITTED, LIST THE DOCUMENTS BEING ATTACHED.

[Large empty box for listing supporting documentation]

**OWNER'S DECLARATION**

I, \_\_\_\_\_ ( name of owner ) , do hereby declare that the information given in this Notice of Complaint Form and any supporting documents is true, correct and complete in every respect, and I make this notice of complaint conscientiously believing it to be true and knowing it is of the same force and effect as if made under other and by virtue of The Canada Evidence Act.

( A penalty of \$3,500 will be imposed for declarations determined to be deliberately false or misleading in order to avoid VHT )

( MM / DD / YYYY )

SIGNATURE OF PROPERTY OWNER:

[Signature box]

DATE:

[Date box]

The personal information on this form is being collected under the authority of the Municipal Act, Section 10 for the purposes of maintaining the integrity and accuracy of our data; and section 338.2(1) for the purposes of determining if a given property qualifies for the vacant home tax. Questions about this collection may be made via email to vht@citywindsor.ca or by calling 311, or 519-255-2489 if outside the city.

**OFFICE USE ONLY**

[Horizontal lines for office use]

REVIEWER NAME: \_\_\_\_\_  
REVIEWER SIGNATURE: \_\_\_\_\_  
DATE REVIEWED: \_\_\_\_\_

DATE STAMP:  
[Large empty box for date stamp]