

**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 align="center"><b>ROLL NUMBER :</b></p> <p>(EXAMPLE) <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="9"/> - <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> - <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> - <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> - <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/></p>	<p align="center"><b>TAX TAX ACCOUNT NUMBER :</b></p> <p align="center">NOTE -- &gt; 6 OR 7 DIGITS</p>
<p>3739 - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - 0000</p>	<p align="center"><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p>

<p align="center"><b>VHT BILL DATE:</b> (MM / DD / YYYY)</p> <p align="center"><input type="text" value=""/></p>	<p align="center"><b>VHT BILLED AMOUNT (\$)</b></p> <p align="center"><input type="text" value=""/></p>
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**PROPERTY ADDRESS FOR WHICH THE NOTICE OF COMPLAINT RELATES:**

STREET NUMBER: <input type="text" value=""/>	STREET ADDRESS: <input type="text" value=""/>	UNIT NUMBER: <input type="text" value=""/>
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**NAME OF OWNER COMPLETING NOTICE OF COMPLAINT FORM:**

LAST (FAMILY) NAME: <input type="text" value=""/>	FIRST (GIVEN) NAME: <input type="text" value=""/>
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COMPANY NAME (IF OWNED BY CORPORATION):

NAME OF PERSON COMPLETING FORM <input type="text" value=""/>	POSITION OF PERSON COMPLETING FORM <input type="text" value=""/>
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MAILING ADDRESS (IF DIFFERENT FROM PROPERTY ADDRESS ABOVE):

PRIMARY PHONE NUMBER: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	EMAIL ADDRESS: <input type="text" value=""/>
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