

**MUNICIPAL VACANT HOME TAX (VHT)  
REQUEST FOR REVIEW 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.

- If your property has been assessed VHT to which you have filed a Notice of Complaint, and subsequently received a VHT Audit Determination Notice response that that you wish to appeal, you may file this Request to Review Form within 30 days of receiving the VHT Audit Determination Notice.
- This Request for Review Form will be reviewed by the Municipal Vacant Home Tax Review Committee. The Committee will notify the owner via Notice of Decision letter, and this decision will be considered **Final**.
- 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 Request for Review Form and all supporting documentation 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: 10px; 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: 10px; 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: 10px; 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: 10px; 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><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> - <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></tr></table> - 0000</p>																			<table style="width: 100%; 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></tr></table>								
<p><b>VHT AUDIT DETERMINATION NOTICE DATE</b> (MM / DD / YYYY)</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 100%; height: 30px;"></td></tr></table>																											

**PROPERTY ADDRESS FOR WHICH THE REQUEST FOR REVIEW RELATES:**

STREET NUMBER: <table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; height: 25px;"></td></tr></table>		STREET ADDRESS: <table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; height: 25px;"></td></tr></table>		UNIT NUMBER: <table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; height: 25px;"></td></tr></table>	

**NAME OF OWNER COMPLETING REQUEST FOR REVIEW FORM:**

LAST (FAMILY) NAME: <table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; height: 25px;"></td></tr></table>		FIRST (GIVEN) NAME: <table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; height: 25px;"></td></tr></table>	

**COMPANY NAME (IF OWNED BY CORPORATION):**

<table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; height: 30px;"></td></tr></table>	

**NAME OF PERSON COMPLETING FORM**

<table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; height: 30px;"></td></tr></table>	

**POSITION OF PERSON COMPLETING FORM**

<table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; height: 30px;"></td></tr></table>	

**MAILING ADDRESS (IF DIFFERENT FROM PROPERTY ADDRESS ABOVE):**

<table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; height: 30px;"></td></tr></table>	

**PRIMARY PHONE NUMBER:**

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**EMAIL ADDRESS:**

<table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; height: 30px;"></td></tr></table>	

**STATE REASON(S) & EVIDENCE FOR REQUEST FOR REVIEW**

ENTER THE REASON YOU DISAGREE WITH THE VHT AUDIT DETERMINATION NOTICE.

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

**OWNER'S DECLARATION**

I, \_\_\_\_\_ ( name of owner ) , do hereby declare that the information given in this Request for Review Form and any supporting documents is true, correct and complete in every respect, and I make this request for review 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:

DATE:

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**

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

**DATE STAMP:**