

Taxation, Treasury, and Financial Projects Taxation Division

350 City Hall Square W, Suite 410 Windsor, Ontario N9A 6S1 (519) 255-6100 vht@citywindsor.ca

MUNICIPAL VACANT HOME TAX (VHT) REQUEST FOR REVIEW FORM

Pursuant to the provision of subsection 338.2(1) of the Ontario Municipal Act, 2001, Windsor City Council passed By-law 119-2024 which states that effective March 27th, 2024, properties deemed to be vacant in the 2024 taxation year for more than 140 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 City Treasurer. The City Treasurer will notify the owner via Notice of Decision letter, and this decision will be considered **Final**.
- For the By-law 119-2024 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
- 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

PROPERTY INFORMATION:								
ROLL NUMBER :	TAX TAX ACCOUNT NUMBER :							
(EXAMPLE) 3 7 3 9 0 1 0 1 2 3 1 1 2 3 4	5 - 0 0 0 0	NOTE > 6 OR 7 DIGITS						
3739	- 0000							
VHT AUDIT DETERMINATION NOTICE DATE								
(MM/DD/YYYY)								
PROPERTY ADDRESS FOR WHICH THE REQUEST FOR REVIEW RELATE	S:							
STREET NUMBER: STREET ADDRESS:		UNIT NUMBER:						
NAME OF OWNER COMPLETING REQUEST FOR REVIEW FORM:								
LAST (FAMILY) NAME:	FIRST (GIVEN)	NAME:						
COMPANY NAME (IF OWNED BY CORPORATION):	1							
NAME OF PERSON COMPLETING FORM	ERSON COMPLETING FORM							
MAILING ADDRESS (IF DIFFERENT FROM PROPERTY ADDRESS ABOVE)	:							
PRIMARY PHONE NUMBER:	EMAIL ADDRESS:							

	STATE REASON(S) & EVIDENCE FO	OR REQUEST F	OR REVIEW	
ENTER THE REASON YOU DISAGREE V	VITH THE VHT AUDIT DETERMINATION NOT	ICE.		
IF YOU HAVE ADDITIONAL SUPPORTIN	G DOCUMENTATION THAT HAS NOT ALREA	DY BEEN SUBMIT	TED, LIST THE DOC	UMENTS BEING ATTACHED.
	OWNER'S DECLA	ARATION		
and any supporting documents is true, correct tis of the same force and effect as if made u	(name of owner), do hereby declar t and complete in every respect, and I make thin nder other and by virtue of The Canada Eviden	s request for reviev	w conscientiously belia	eving it to be true and knowing
(A penalty of \$3,500	will be imposed for declarations determined to	be deliberately fals	e or misleading in ord	er to avoid VHT)
				(MM / DD / YYYY)
SIGNATURE OF PROPERTY OWNER:			DATE:	
our data; and section 338.2(1) for the purpo	collected under the authority of the Municipal Asses of determining if a given property qualifies nail to vht@citywindsor.ca or by calling 311, or	for the vacant home	e tax. Questions abou	
FICE USE ONLY				
		DATE S	ТАМР:	
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		-		
REVIEWER NAME:				
REVIEWER SIGNATURE:				