ONTARIO ASSESSMENT REVIEW BOARD

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ONTARIO ASSESSMENT REVIEW BOARD
Roll Number: Property Address: Appeal Numbers: Taxation Years: Schedule of Events Number: Hearing Number:
BETWEEN:
[MOVING PARTY NAME]
Moving Party
-and-
MUNICIPAL PROPERTY ASSESSMENT CORPORATION, REGION [#] and [MUNICIPALITY NAME]
Respondents to Motion
AFFIDAVIT OF [NAME] SWORN [DATE]
I [NAME] of the [MUNICIPALITY] in the Province of Ontario, DO SOLEMNLY AND SINCERELY DECLARE AND AFFIRM THAT:
[1] [DESCRIBE FACTS RELEVANT TO THE MOTION]
[2]

[3]	••••
[4]	•••
[5]	••••
[6]	I make this affidavit in support of a motion for [REMEDY] and no other purpose.
[MUN	EMED before me in the City of [ICIPALITY], in the Province of o, this day of [MONTH], 20xx.
	nmissioner for Taking Affidavits [NAME OF AFFIANT] [E OF COMMISSIONER]