



Property Tax Appeal Questionnaire

Property Address: _____

Do you plan to sell this property within the next 4 years? Yes _____ No _____

Property Type: Residential _____ Commercial/Industrial _____ Other _____

If property is multi-unit: Number of units _____ Number of rental units: _____

Please detail below any outstanding maintenance requirements or deficiencies that could affect the property's tax assessment:

Business Reference: _____

Contact Name: _____ Telephone #: _____

Bank/Financial Reference: _____

Contact Name: _____ Telephone #: _____

Why do you feel your property is over assessed? _____

How did you hear about our services? _____

Please provide us with the financial information that was sent to MPAC as part of the annual reporting (Your MPAC Form) by mail, fax or email: info@theactivegroup.ca

www.theactivegroup.ca

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