ASSESSMENT ACT

IN THE MATTER OF Section 45.3.1(6) of Ontario Regulation 282/98, as amended;

AND IN THE MATTER OF a declaration filed with respect to assessments for taxation in 2018 and subsequent years.

STATUTORY DECLARATION

I, _____
[Name]
(☐) Owner (☐) Authorized Agent (☐) Counsel / Paralegal

_____
[Title, if applicable]

Of: _____
[Corporation / business style, if applicable]

_____
[Address]

_____
[Address]

_____ _____
[Province] [Postal Code]

_____
[Telephone]

Do Solemnly Declare That:

1. During the 2018 tax year and subsequent years the condominium unit(s) listed on the attached Schedule A will be a hotel unit as defined in section 45.3.1 of Ontario Regulation 282/98 as amended. (Please complete the schedule, including the property roll number, condominium plan, level and unit number, municipal address, and owner's name; please initial each page.)

And/Or

2. During the 2018 tax year and subsequent years the condominium unit(s) listed on the attached Schedule B will cease to be a hotel unit as defined in section 45.3.1 of Ontario Regulation 282/98 as amended. (Please complete the schedule, including the property roll number, condominium plan, level and unit number, municipal address, and owner's name; please initial each page.)

Declared before me at _____ [Municipality]

In the Province of _____

The _____ day of _____ , two thousand and _____

_____ _____
[Signature of Declarant] [Commissioner for Oaths]

(Statutory Declarations MUST be completed and received by 12:00 midnight on or before June 30, 2017 to be accepted. Subsection 13(2) of the Assessment Act provides a penalty for making a false or misleading statement in this affidavit.)

To: Municipal Property Assessment Corporation, "Condominium Hotel", P.O. Box 67236 STN BRM B, Toronto, Ontario M7Y 4N1 Fax: 1-866-297-6703

Schedule A – Will be Hotel Units

Condominium Plan Number:

Property Roll Number (1111 111 111 11111)	**Level & Unit Number** (Level x Unit x)	**Municipal Address** (123 Any Street, Any Town)	**Owner Name** (Smith, Larry)

Declarant's Initials: ☐

Schedule B – Will Cease to be Hotel Units

Condominium Plan Number:

Property Roll Number (1111 111 111 11111)	**Level & Unit Number** (Level x Unit x)	**Municipal Address** (123 Any Street, Any Town)	**Owner Name** (Smith, Larry)

Declarant's Initials: ☐