



THE CORPORATION OF HALDIMAND COUNTY

APPLICATION FOR REBATE OF LOCAL TAXES FOR CHARITABLE OR SIMILAR ORGANIZATIONS

Roll # (for office use only) _____

Name of Organization _____

Charitable Registration No. (if applicable) _____

Contact Name _____

Address _____

Postal Code _____ Telephone# (____) _____

Length of Time at Above Address _____

Date of Occupancy (if occupancy is less than one year) _____

Previous Address (if occupancy is less than one year) _____

Mailing Address (if different from above) _____

Name of Landlord _____ Phone No. (____) _____

Please provide evidence of:

- a) Proof of status as an eligible organization,(i.e. Letters patent or confirmation of charitable status from Revenue Canada);
- and**
- b) Property taxes included in lease payments (net lease); **or** Notice from landlord of additional payment required (gross lease). (Both above for taxes in the commercial/industrial tax classes only)
- c) Applications will be accepted no later than the last day of February of the following year for tax rebates in the current year.

Name: _____ Date: _____

Position: _____ Signature: _____

To Be Completed by County Staff

Property Taxes for Year of Application: _____ Total Amount of Tax Rebate: _____

Payment Dates and Amounts: Date _____ Amount: _____
Date: _____ Amount: _____

Name: _____ Date: _____

Position: _____ Signature: _____

Approved By: _____ Date: _____

Position: Treasurer County Resolution # (if applicable) _____