



APPLICATION FOR REBATE OF LOCAL TAXES FOR
CHARITABLE OR SIMILAR ORGANIZATIONS
Corporation of Haldimand County

| | | | |
|---|-----------|-----------------------------|--------------|
| Name of Organization: | | | |
| Tax roll number: | 2810 | | |
| Charitable Registration Number: | | | |
| Contact Name: | | | |
| Address: | | | Postal Code: |
| Phone Number: | | | |
| Email address: | | | |
| 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) | | | Postal Code: |
| Name of Landlord | | Phone Number: | |
| <p>Please provide evidence of:</p> <ol style="list-style-type: none"> 1. Proof of status as an eligible organization, (i.e. Letters patent or confirmation of charitable status from Revenue Canada); and 2. 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) <p>Applications will be accepted no later than the last day of February of the following year for tax rebates in the current year.</p> | | | |
| Name: | | Date: | |
| Position: | | Signature: | |
| To be completed by County Staff | | | |
| Property Taxes for Year of Application: | | Total amount of Tax Rebate: | |
| Payment Dates & Amount: 1. | | 2. | |
| Staff Name & Position: | | Date: | |
| Approved By: | Treasurer | Date: | |
| County Resolution # (if applicable) | | | |