



Tax Relief Application for Registered Charitable Organizations

Instructions:

- The deadline for submitting applications is the last day of February of the year following the taxation year to which the application relates.
- Deliver this completed application to your local municipal office.
- To be eligible, the charity must pay taxes or amounts on account of taxes on property that is taxed in either of the commercial or industrial classes.

Charitable Organization Name of Organization _____ Revenue Canada Charitable Registration Number _____ (ie. BN xxxxx xxxx RR0001) Mailing Address _____ City _____ Postal Code _____ Telephone Number () _____ Fax No. () _____ Applicant Name (print) _____ I have the authority to bind this Charitable Organization and to certify that the information contained herein is true and correct. Title (print) _____ Signature _____ Date _____ (DD-MM-YY) E-Mail Address: _____
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Property Occupied (by the above mentioned Charitable Organization) Date of Occupancy _____ (DD-MM-YY) Street Address and unit no. _____ Postal Code _____ Total Space Occupied: _____ (Sq. Ft.) Total square footage of building _____ (Sq. Ft.) Anticipated move, [] No, If yes, to where & when _____ As a " Tenant " are you sub-leasing or occupying sub-leased space, [] No, If yes, to/from whom _____ part of space occupied _____ sq.ft. Monthly rent (including portion of property taxes) \$ _____ Monthly proportionate share of Property taxes \$ _____ (Note: The above property tax figures must not include other fees such as GST, PST, Common Charges etc...) As a "Charitable Org – "Ownership" Property are you occupying the <u>whole</u> complex [] Yes, If not , how much leasable space is occupied by others _____ sq.ft., & by whom: _____

Landlord (Data) Confirmation (information within the above mentioned **Property Occupied** section is accurate)

Name _____

Contact Person _____

Mailing address _____

Is the above tenancy under a [] Gross Lease or [] Net Lease Agreement?

City _____ Postal Code _____

Telephone no. () _____ Fax no.() _____

Title _____

Signature/Confirmation _____ Date _____
(DD-MM-YY)

I have the authority to certify that the Leased Property information contained herein is true and correct.

Additional Information must be Submitted Upon Request:

Such as:

- Copy of Revenue Canada's Recent Confirmation of Registration Number or Letter of Good Standing*
- Copy of Head Lease and/or Sub-Lease agreement*

RETURN TO:

The City of Temiskaming Shores
 325 Farr Drive
 PO Box 2050
 Haileybury, ON P0J 1K0

Attention: Laura-Lee MacLeod

If any Benefits received from this application were accepted under false pretense, the total amount shall be revoked and recovered by whatever means deemed necessary by the municipality. Personal information on this form is collected under the authority of section 361. of the Municipal Act.

Questions regarding this program, please call the City of Temiskaming Shores - 672-3363 x4121, e-mail: lmacleod@temiskamingshores.ca_.

<i>FOR OFFICE USE ONLY</i>	
ROLL NO. _____	File No. _____
<small>01/03/06</small>	