

SCHEDULE 'B'

THE CORPORATION OF THE TOWN OF TILLSONBURG

TAX REBATES FOR CHARITABLE ORGANIZATIONS

Application Form

Request for Tax Rebate for taxation year _____.

Name of Organization: _____

Registration No: _____

Address: _____

Telephone No.: _____

Contact Name: _____

Length of time at that Address: _____

Date of Occupancy if less than one (1) year: _____

Previous Address if Occupancy is less than one year: _____

Mailing address if different from above: _____

Name of Landlord: _____

Telephone No.: _____

Type of Lease:

Net Lease: _____

Gross Lease: _____

Area Occupied: _____ Sq. Ft.

Please provide evidence of a), b), c), and d) for Net Lease and a), b), e) & f) for Gross Lease:

- a) Proof of status as an eligible organization;
- b) Non-Profits to provide most recent financial statement and copy of charter;
- c) Property taxes included in lease payments for current year;
- d) Property taxes included in lease payments prior to 1998;
- e) Monthly / annual lease payments prior to 1998;
- f) Monthly / annual lease payments for current year;

Name: _____

Date: _____

Position: _____

Signature: _____