

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: \_\_\_\_\_