



**THE CORPORATION OF THE TOWN OF COLLINGWOOD
CHARITABLE ORGANIZATIONS
APPLICATION
REBATE OF PROPERTY TAXES**

Name of Charitable Organization

Revenue Canada Charitable Reg. Number

Mailing Address

Postal Code

Length of time at this location

Organizations Phone Number

Applicant/authorized signing officer/Contact person

Position Held

Mailing Address if different from above

Phone number if different from above

Eligible Property address/Location

Rebate Calculation for Tax Year 2025

- | | | |
|----|------------------------------|-------|
| 1. | Apportioned 2025 Taxes | _____ |
| 2. | 2025 Tax Rebate (40% of # 1) | _____ |
| 3. | TOTAL REBATE | _____ |

I/We hereby certify that the above information is correct. This application will also act as a consent form for any Corporate or other searches the Town of Collingwood may require to validate the eligibility of the organization applying for the rebate program.

Signature of authorized signing officer

Date

TOTAL REBATE _____

FOR OFFICE USE ONLY

ROLL NUMBER _____ MUNICIPAL PORTION _____

DATE _____ COUNTY PORTION _____

APPROVED BY _____ EDUCATION PORTION _____