

**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 2023**

- |    |                              |       |
|----|------------------------------|-------|
| 1. | Apportioned 2023 Taxes       | _____ |
| 2. | 2023 Tax Rebate (40% of # 1) | _____ |
| 3. | <b>TOTAL REBATE</b>          | _____ |

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

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Roll Number

\_\_\_\_\_  
Municipal Portion

\_\_\_\_\_  
County Portion

\_\_\_\_\_  
Date

\_\_\_\_\_  
Education Portion

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
TOTAL REBATE