

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 2020

- | | | |
|----|------------------------------|-------|
| 1. | Apportioned 2020 Taxes | _____ |
| 2. | 2020 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
FOR OFFICE USE ONLY	
Roll Number _____	Municipal Portion _____
	County Portion _____
Date _____	Education Portion _____
Approved By _____	TOTAL REBATE _____