

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 2011

- | | | |
|----|------------------------------|-------|
| 1. | Apportioned 2011 Taxes | _____ |
| 2. | 2011 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 _____