

THE CORPORATION OF THE CITY OF SARNIA Finance Department – Tax Office

255 Christina Street N. PO Box 3018 Sarnia ON Canada N7T 7N2 519-332-6309 (Phone) www.sarnia.ca rebates@sarnia.ca

APPLICATION FOR TAX REBATE ELIGIBLE CHARITIES AND SIMILAR ORGANIZATIONS SECTION 361, MUNICIPAL ACT, 2001

Tax Year Being Applied Fo						Date of Application				
Name of Organization										
Mailing Address										
City						Postal Cod	е			
Telephone						Fax				
E-mail Address							<u> </u>			
Pro	perty Loca	ation								
Roll Number			38 29							
Pro	perty Owr	ner								
l										
ect	□ Elig	ible Cha	rity		Registration Number					
Select		anization Type								
Full Year Occupancy (January 1 to December 31)? ☐ YES								□ NO		
Premises Occupied Totally by C					ganizatio	n?	☐ YES		□ NO	
0	(a) Number of square feet occupied by organization									
If NO	(b) Total number of square feet of the property									
	Percentage of property occupied by organization (a divided by b)									
Name of Applicant (please print) Position										
Signature of Applicant						Date				

Application must be received by the Office of the City Treasurer/Director of Finance no later than the <u>last day of February</u>, of the year following the taxation year to which it relates.