

Municipality of Trent Lakes 760 County Road 36 Trent Lakes ON K0M 1A0 705-738-3800 www.trentlakes.ca finance@trentlakes.ca

Charity Tax Rebate Program Application

Roll N	lumber: -	-
Request for tax rebate	for taxation year	
Name of Organization _		Length of time at address
BN/Registration NO		RR
Address		City
Province	_ Postal Code	Telephone
Contact Name		_
Date of occupancy if le	ess than one yearss than one year	
Address		City
Province	Postal Code _	
Previous address if di	fferent from above	
Address		City
Province	Postal Code _	
Name of landlord (if ap	pplicant is a tenant)	
Name		Telephone

Please provide evidence of the following:

- a) Square footage of the building in which occupancy took place
- b) Property taxes included in lease payments for current year or property taxes paid;
- c) Current proof of status as an eligible organization, available from the Canada Revenue Agency web site at www.cra-arc.gc.ca/tax/charities (must be attached).

Applicants Name	Date
Position	Applicants Signature

Application Procedure

Eligible organizations must apply for the tax rebate on an annual basis as follows:

- Applications for tax rebates will be accepted and processed by the Municipality of Trent Lakes;
- Applications will be addressed to the CAO/Treasurer;
- Applications will be accepted between January 1st of the tax year and February 28th of the following year;
- Applications from eligible charities re-locating within the year will be accepted up until February 28th of the following year for rebates for the current taxation year;
- Applications must be made on the standard application form which will be available by request at finance@trentlakes.ca

If further information is required please feel free to contact the tax office at 705-738-3800 ext. 232. Applications may be submitted by email to finance@trentlakes.ca or by fax to 705-738-3801 or by mail to Municipality of Trent Lakes 760 County Road 36, Trent Lakes, ON K0M 1A0

FOR OFFICE USE ONLY	
Taxes levied for year of application \$	Amount of rebate \$
Taxes paid: 1) \$	Date of payment
CAO/Treasurer's/Designate Approval:	
Name	
Signature	Date