



**The Corporation of  
The City of Sault Ste. Marie**

**APPLICATION FOR REBATE OF TAXES TO REGISTERED CHARITIES**

**Request for Tax Rebate for the taxation year 20**

_____ Name of Organization	_____ Canada Customs and Revenue Agency Charities Registration Number
_____ Address	_____ Postal Code
_____ Contact Name	_____ Telephone number
_____ Mailing address if different than above	_____ Email Address

***Please complete the following:***

Length of time at above address: \_\_\_\_\_ Date of occupancy if less than one (1) year: \_\_\_\_\_

_____ Previous address if occupancy is less than one year	_____ Landlord's telephone number
_____ Name of landlord	

Indicate type of lease      Net lease      ☐      Gross lease      ☐

**Please provide evidence of the following:**

- a) Proof of status as a registered charity;
- b) Property taxes paid for current year (whether paid directly or included in lease payments);
- c) Notice from landlord of additional payment required.

Declaration:

I, an officer of the organization applying for a rebate of taxes, have read and understand the City of Sault Ste. Marie's policy on tax rebates to registered charities. This application will also act as a consent form for any Corporate or other searches the City of Sault Ste. Marie may require to validate the eligibility of the organization applying for a tax rebate.

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position or title

**Office Use Only**

Property taxes for year of application \_\_\_\_\_

x 40% \_\_\_\_\_

Total amount of rebate \_\_\_\_\_

City portion of rebate \_\_\_\_\_

Education portion of rebate \_\_\_\_\_

Total Tax Rebate \_\_\_\_\_

\_\_\_\_\_  
Completed by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized by  
*for the Finance Department*

***Return to:***

***Tax Division - Level 2  
The City of Sault Ste. Marie  
99 Foster Drive  
Sault Ste. Marie, Ontario  
P6A 5X6***