



REGIONAL MUNICIPALITY
OF WOOD BUFFALO

APPLICATION FOR PROPERTY TAX EXEMPTION

Under the Municipal Government Act Section 362(1)(n)

The Regional Municipality of Wood Buffalo
Assessment & Taxation Department

3rd Floor, 9909 Franklin Avenue, Fort McMurray, Alberta, T9H 2K4

Email: Assessment.Taxation@rmwb.ca Phone: (780) 743-7900 Fax: (780) 743-7050

Tax Roll Number:
Organization's Name:
Property Address (for exemption):

Since your last application for Property Tax Exemption, has any of the following information changed:

I. Property Information:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Address of property for which exemption was granted. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Change in space occupied by organization. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Changes to lease, license, or permit to occupy (e.g., new lease- provide copy). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you expect to move before year-end? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

II. Organization Information:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Memorandum of Association (e.g., have any bylaw resolutions been passed)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Non-profit status. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Membership requirements (added or deleted). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

III. Retail, Commercial And Licensed Area:

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| 1. Retail sales or service areas. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Liquor license. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IV. Property Use Information:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Property use (e.g., has the use of the property which was granted exemption changed)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Have any other changes occurred that may impact the property tax exemption? Yes No

V. Space Use – Provide the square foot area within the premises that is being used by your organization: _____ Square Feet

Indicate location of space used: ___(Basement), ___(Main Floor), ___, (Upper Level), ___(Entire Building)

If any of the above questions were answered "Yes," please provide full and complete details as an attachment to this form.

Contact name:	Position with organization:	Tel:	Fax:
Designated mailing address:			Postal code:
Organization's President:		Tel:	Fax:
Organization's Treasurer:		Tel:	Fax:
I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, are true and accurate in every respect.			
Name (please print):		Date:	
Position:		Signature:	

This application will not be considered unless ALL information is provided.

The personal information you submit is collected under the authority of section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act. The information will be used to process the application and contact you if required. If you have any questions about the use of your personal information you may contact an Assessor at 780-743-7900