



# APPLICATION FOR PROPERTY TAX EXEMPTION

## ANNUAL - SHORT FORM

**\* Deadline September 30<sup>th</sup> to qualify for following Tax Year**

### For Office Use Only

Acct #: \_\_\_\_\_ Tax Roll # : \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Legal Description: \_\_\_\_\_ Civic Address: \_\_\_\_\_  
 Total Assessment 2022: \_\_\_\_\_ Exemption Approved Yes No Assessor Initials: \_\_\_\_\_

### SECTION 1 – PROPERTY INFORMATION

Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

Address of property exemption request is for: \_\_\_\_\_

Portion/Area of property exemption requested for: ALL PART Area Occupied (SF): \_\_\_\_\_

Is there an agreement in place that confirms the portion of the property held by the organization?	YES	If Yes, provide expiry date (mm/dd/yyyy)	Date organization took occupancy (mm/dd/yyyy)
	NO		

### SECTION 2 – ORGANIZATION INFORMATION

Name of organization operating on property: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

Organization objectives/purposes:

- 1.
- 2.
- 3.
- 4.
- 5.

List facilities and services provided and how they benefit the general public:

- 1.
- 2.
- 3.
- 4.
- 5.

**SECTION 3 – REQUIRED INFORMATION** – please ensure the following are submitted as attachments

1. Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any.
2. Copies of:
  - The organizations most current financial statements,
  - Certificate of Title (if applicable),
  - The current lease agreement with the property owner (if applicable),
  - A plan showing the area leased.
3. If applicable, a letter from the property owner confirming that they are is aware of this exemption application and understands that the Municipality will estimate taxes on the area occupied by the organization based on methodology that may be different from that used by the landlord.
4. Any available brochures, newsletters, websites or other pertinent information relative to the organization.
5. Any other information that the Assessment Department may deem necessary.

**SECTION 4 – CERTIFICATION**

*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, is true and accurate in every respect, and that all information required under Part 3 of this application is included.*

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

**Please return completed form and required documents to:**

The Regional Municipality of Wood Buffalo,  
Assessment Office, 3<sup>rd</sup> Floor Jubilee Centre,  
9909 Franklin Avenue, Fort McMurray, AB T9H 2K4.

Email : [assessment.taxation@rmwb.ca](mailto:assessment.taxation@rmwb.ca)  
Fax : (780)743-7050