

The Corporation of the City of Vernon

TAX EXEMPTION – RENEWAL APPLICATION



1 Instructions

Please return completed application by **July 15** of the current year to be considered for the next permissive tax exemption year, using any of the following methods, to the attention of:

Finance Division, City of Vernon

Mail: 3400 30th Street, Vernon, BC V1H 5E6

Fax: 250-545-7876

Email: finance@vernon.ca

Applications must comply with all guidelines as set out in the policy. Council may, at its discretion, reject any or all applicants in any given year. Application Intake Period is annually **June 1 to July 15**, or the next business day if July 15 falls on a weekend.

A separate application is required for each property.

Note: The City of Vernon may contact you to request additional information to support your application.

2 Property Information

Property Address

Folio Number

PID Number

Registered Property Owner

3 Organization Information

Year of Exemption _____

Organization Full Name (if different from above)

Preferred Contact Name

Email

Telephone Number

The Corporation of the City of Vernon

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Mailing Address	
City	Postal Code
Have any of the following changed since the last year's comprehensive application or renewal application? <input type="checkbox"/> Registered owner of the property <input type="checkbox"/> Principal property use <input type="checkbox"/> Organization's purpose or goals <input type="checkbox"/> Programs offered <input type="checkbox"/> 3 rd Party Agreements <input type="checkbox"/> Registered Charity or Non-Profit Status <input type="checkbox"/> Persons residing on property	
If you checked any of the above boxes, please explain below	

4

Declaration – Certification by authorized signatory

I understand additional information may be requested prior to consideration for a Permissive Tax Exemption.

I understand that it is our organization's responsibility to contact the City of Vernon if any changes occur with respect to ownership or principal use of property.

I am an authorized signing officer of the organization and I certify that I have read the City of Vernon's tax exemption criteria, that this application complies with its requirements and the information contained in this application is complete and correct.

NAME: _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____

"Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* and will be used only for the purposes of responding to your request".