

Application for Renewal of Property Tax Exemption

Community Organization Property Tax Exemption Regulation (AR 281/98)



Account: _____

Exemption Granted Under: _____

Municipal Property Address: _____

Legal Description: _____

Please complete the following sections regarding changes to the organization that occurred in the current year and any other information that may assist an assessor in determining whether the property continues to qualify for an exemption.

If you require clarification or assistance completing this form, contact an assessor at 780-442-1483.

1

Organization Information

Organization Name:	<input type="text"/>
Phone Number:	<input type="text"/>
Mailing Address:	<input type="text"/>
Email Address:	<input type="text"/>
Contact Name:	<input type="text"/>
Position Title:	<input type="text"/>
Contact Phone Number:	<input type="text"/>
Contact Email Address:	<input type="text"/>

2

Changes to the Organization

No

Yes
(please indicate the change)

Did the organization change location in the current year?	<input type="checkbox"/>	<input type="text"/>
Do you expect to move before the end of next year?	<input type="checkbox"/>	<input type="text"/>
Have the activities of the organization on the premise changed?	<input type="checkbox"/>	<input type="text"/>
Has the allocated space for any retail activities changed? If yes, please provide the new square footage.	<input type="checkbox"/>	<input type="text"/>

3**Premise Information**

Is the premise owned or leased?

Owned Leased

If the premise is leased, what is the start date and end date of the lease?

Start date

End date

What is the square footage currently occupied by the organization?

4**Attachments**

To process your renewal for property tax exemption we require that **copies** of the following documents are included with this completed application:

- Current Annual Return (indicating the organization is in good standing)
- Current Lease (where the lease has been renewed, changed, expired or expires in the current year)
- Sublease
- Liquor License (if applicable)

5**Signature**

By signing this form I certify that I am an authorized representative for the organization and that all information provided on this application is accurate.

Authorized Signature

Position Title

Print Name

Date

This information is being collected under the authority of sections 294,295 and 328 of the Municipal Government Act, R.S.A. 2000, c. M-26 and will be used for assessment and taxation purposes. It is protected in accordance with the privacy provisions of the Municipal Government Act, R.S.A. 2000, c. M-26 and the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25. If you have any questions about the data collected, contact the Manager of the Exemptions Unit at (780) 442-1483 or via mail at Main Floor, Chancery Hall, 3 Sir Winston Churchill Square, Edmonton, AB T5J 2C3.

Form Submission Details

Ensure you complete this form in full and return it to the City of Edmonton:

Email

assessment@edmonton.ca

Fax

780-496-1986

Mail

PO Box 1935, Station Main
Edmonton, AB T5J 2P3

In Person

2nd Floor, Edmonton Tower
10111 104 Avenue NW
8:00 a.m. - 4:30 p.m., Monday to Friday

For more information, contact the Exemption Team at 780-442-1483.