



PLEASE PRINT

FIN – 1014

Department of Finance & Administration

APPLICATION FOR WATER TAX EXEMPTION FOR SUBSIDIARY APARTMENTS

For Office Use Only (to be filled out by Staff Member)

SECTION 1

Received by: _____ Dated: (yyyy/mm/dd) _____

Property Information

SECTION 2

Property Location: _____

Account #: _____ Parcel ID#: _____

Applicant Information

SECTION 3

Owner(s) Name: _____

Mailing Address: _____ Postal Code: _____

Telephone (home): _____ (other): _____

E-mail: _____

Applicant Eligibility

SECTION 4

**** For First Time Applicants, please complete the attached Affidavit ****

I hereby apply for the Water Tax Exemption for _____ (insert applicable year).
To qualify for the Water Tax Exemption, I certify that:

1. I/We am/are the registered owner(s) of the subject property and reside at the said property.
2. I/We have completed the Water Tax Reduction Affidavit attached here to because I am a first-time applicant. YES NO **OR** I/We confirm that the information sworn to in the Water Tax Reduction Affidavit when I/we first applied for the Water Tax Reduction remains unchanged.
 YES NO
3. I/We agree and acknowledge that I/we shall permit representatives of the City to inspect the subject property on demand.
4. I/We agree and acknowledge that should I/we submit a false Application or Affidavit or fail to notify the City of any changes in the use or occupancy of the Subsidiary Apartment at the subject property, all previously exempted water taxes on the subject property will become due and payable and the Water Tax Exemption shall be cancelled.

Signature of Applicant

Date (yyyy/mm/dd)

Privacy Information

SECTION 6

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of processing the above application. Questions about the collection and use of the information may be directed to the Assessment Division, (709)576-8929.

Please send
completed form to:

Assessment Division
245 Freshwater Road
PO Box 908,
St. John's, NL A1C 5M2

Phone: (709) 576-8929
Email: assessment@stjohns.ca