

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) _____ **SECTION 2** Property Information Property Location: _____ Account #: _____ Parcel ID#: _____ **SECTION 3** Applicant Information 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 **



Applicant Declaration SECTION 9					
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	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. \Box YES \Box NO $\overline{\textbf{OR}}$ 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. \Box YES \Box 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/m			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) 570-2016 Email: lcooper@stjohr		