

APPLICATION FOR PAYMENT IN LIEU OF REAL PROPERTY TAX SECTION 3(1)(a) OF THE PAYMENTS IN LIEU OF TAXES ACT, 2000 (PILT)

Fax: (613) 230-2962

cpc@regionalgroup.com

Municipality/Taxing Authority	Province	Tax Year for which Application is made	→
1. List ALL Canada Post Corpo provide ALL information req			g for payment and
(If preferred you may use a spreadsheet			.)
2. IMPORTANT - Each propert tax rates levied for the tax year		•	
3. Attach your TAXATION BY-LAW , capping, clawback, discount for early			
4. We require assessment appraisal care each reassessment and for newly listed. If you can not provide these cards, plantages of the assessment office from can obtain them.	ed properties. (lease list the (ation the first time	e you apply, following))))
 5. Does each Canada Post Corporation pro area of service? Yes □ No □ IF NO attach explanation 	•	are available to oth	er taxable properties in the
6. Does your municipality wish to be co Payments in Lieu of Taxes Act, 2000 Yes, only if amount exceeds \$25.00.	nsidered for a Late Payment Supp if there is an unreasonable delay i Yes, for any amount \(\square\) .	n making the payr No □	ment in lieu of taxes?
property tax accounts, including rate of intere Identify the date from which interest on overd	st and compounding frequency. The tax accounts starts to accrue for taxable	e property owners	
7. a) Are any tenants of Canada Post Corpo municipality? No ☐ Yes	oration currently in default on their real IF YES provide the following default on their real real real real real real real rea		gations to your
Name of Tenant	ID & Address of CPC Property	Tax Year	Amount Outstanding
b) Does your municipality wish to be considered determined to be eligible for PILT? Yes, only if amount exceeds \$25.00 IF YES please provide By-law data as per Sec	Yes, for any amount	is (these) outstanding am	nount(s) should they be
I hereby certify that the information given in the tax rates and assessments in effect for the Signature of Authorized Officer	DECLARATION this application and in any documents		ue and correctly sets forth
RETURN ADDRESS (PLEASE PRINT OR TYPE) DO N	IOT WRITE IN THE	BOX BELOW
Name and Title of Authorized Officer	·		
ddress Approved Amount \$			
Postal Code	Signature		
Telephone No. Fax No.	Date		
e-mail		_	
SEND ONE FULLY COMPLETED COPY OF THIS APPLICATION AND ALL RELEVANT BYLAWS TO:	→	John Clark Vice President The Regional Gr 1737 Woodward	roup of Companies Inc. Drive, 2 nd floor

 ${\bf Additional\ Grant\ Application\ Forms\ may\ be\ downloaded\ from\ \underline{http://www.regionalgroup.com/vcs_assessment_download.html}}$

NOTE: All fields must be completed for the Application to be considered for

payment

Form # CPC-2002-5683A