



6311 Old Church Road
Caledon East On LON 1E0
Phone # (905) 584-2272

Application #

Application for Rebate of Property Taxes for Vacancies in Commercial and Industrial Buildings

Taxation year for
which application
is being made
 interim final

INSTRUCTIONS

- Only **two applications** can be submitted per year per property. Interim applications for the period January to June will be accepted until July 31st. The deadline for submitting applications is **February 28** of the year following the taxation year to which the application relates.
- Any person who knowingly makes a false or deceptive statement in this application is guilty of an offence and, upon conviction, is liable for a fine.
- To be eligible for a rebate, a building or portion of a building must satisfy the conditions described in the **eligibility criteria on reverse**.
- The application must be submitted by the owner of the property or authorized agent.
- Applications may be subject to an on sight audit
- The application must be complete and all required information provided, otherwise, the application will be returned to you for completion.

PROPERTY INFORMATION

Address		Tax Roll Number	
Owner's Name			
Authorized Agent's Name (owner's written authorization must be provided)			
Mailing Address (number & street)			
City	Province	Postal Code	City
Phone Number	FAX	Phone Number	FAX
Province	Postal Code	City	Postal Code

REQUIRED VACANCY DETAILS

Description of Vacant Area <small>(include unit/suite number, floor number, building number. Attach 2 copies of a sketch of the vacant area and if, previously tenanted, 2 copies of the lease agreement with the previous tenant and/or property rent roll)</small>	Size of Vacant Area in Sq. Ft.	Period of Vacancy <small>(dd mm yy)</small>		Total Property Assessment		TOWN USE ONLY Rebate
		From	To	MPAC USE ONLY		
				PROP CODE	RTC/ RTO	
Name of Last Tenant	sq. ft.					
Name of Last Tenant	sq. ft.					
Name of Last Tenant	sq. ft.					
Name of Last Tenant	sq. ft.					
Name of Last Tenant	sq. ft.					
Name of Last Tenant	sq. ft.					

List continued on page 2

Total from Page 2

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**TOTAL
REBATE**

I certify that the information contained in all pages of this form and attachments is true and correct

Name of Applicant (print)	Signature	Date
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MPAC USE ONLY

Name of Assessor (print)	Signature	Date	Phone No.
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White-Municipality
Yellow-MPAC

Pink-MPAC
Gold-Owner