

APPLICATION FOR RATES EXEMPTION

Section 6.26 of the *Local Government Act 1995*

Does the organisation own or lease the rateable land? (If leased, is the lessee responsible for rates under the lease agreement)?
If so, please provide a certificate of the lease.

Please specify from the appropriate organisational purposes below:

RELIGIOUS BODIES PUBLIC BENEVOLENT INSTITUTION

UNIVERSITY SCHOOL/KINDERGARTEN

POVERTY RELIEF OTHER _____

Is the organisation exempt from the payment of rates under Legislation other than the Local Government Act?
If so, please provide details of the specific Legislation

4. DOCUMENT REQUIREMENTS

Please provide a copy of (in addition to those specified in Section 3):

- Organisation's Constitution
- Written statement, outlining the nature of the organisation's operations. It should include the following details:
- Use and occupancy of the property
 - Type of service provided (e.g. food, accommodation etc)
 - Frequency of service provision (e.g. full-time, daily, weekly etc)
 - Whether payment is received for the service
- Floor plan of the leased property area, if only part of the property is to be exempt
- Copies of the current years audited financial or other statements for the organisation to the satisfaction of Council.

5. AUTHORISATION

- By signing this application, I hereby certify that the information provided is true and correct to the best of my knowledge.
- I understand that Applications must be submitted by 31 March to be considered for the subsequent financial year.
- I have read and understand the Town's policy *02/004 Rating*.

Name:			
Position:			
Organisation:			
Signed:		Date:	

OFFICE USE ONLY

1. CONSIDERATIONS

Approval with Town Planning Scheme?

YES

NO

Has the property been inspected?

YES

NO

Recommend for non-rateable status?

YES

NO

Applicant/Owner Name: _____

Section of the Local Government Act 1995 6.26(2) _____

Exemption Description: _____

Reason for non-rateable status:

New Application

Review of Exemption

Amount of rates to be exempted and dates to be applicable from (application date). The approval will be for a period of _____ years, unless circumstances change.

Amount: _____

Date (from): _____

Rubbish bin changes to be levied and dates to be applicable from:

Amount: _____

Date (from): _____

2. DECISION UNDER DELEGATED AUTHORITY

This application has been:

DECLINED for
non-rateable status

APPROVED for partial
non-rateable status

APPROVED for
non-rateable status

Name:

Signature:

	Date:	

OR

Council Resolution Reference: _____

Date of Council Meeting: _____

