

Application For Rates Exemption

This application form is for those organisations seeking rates exemption under Section 6.26 of the Local Government Act 1995. All sections of the form must be completed and all additional documentation attached as requested. Failure to do so may result in the rejection of your application. A formal written response will be issued once the application has been processed. All rates must be paid as assessed until such time as a decision has been reached.

| Property Details | | | | | |
|--|---------|--------|-----------|--|--|
| Property Address: | | | | | |
| Suburb: | | State: | Postcode: | | |
| Rate Assessment Number: | | | | | |
| Owner Details | | | | | |
| Owners Name: | | | | | |
| Postal Address: | | | | | |
| Suburb: | | State: | Postcode: | | |
| Phone: | Mobile: | Fax: | | | |
| | | | | | |
| Email: | | | | | |
| Email: Contact Person: | | | | | |
| | | | | | |
| Contact Person: | | | | | |
| Contact Person: Applicant Details | | | | | |
| Contact Person: Applicant Details Name of Organisation: | | State: | Postcode: | | |
| Contact Person: Applicant Details Name of Organisation: Postal Address: | Mobile: | State: | Postcode: | | |



| Organisation Details — Please tick the requi | red box | | Yes | / No | | |
|---|---------------|----------|-----|------|--|--|
| Is the organisation an incorporated body? (If yes please provide a Certificate of Incorporation) | | | | | | |
| Does the organisation lease the property? (If yes, please provide a copy of the lease agreessee is responsible for the payment of rates | _ | | | | | |
| Is the organisation considered "Not for Profi (If yes, please provide relevant taxation infor | | | | | | |
| Does the organisation occupy the whole of t | the building? | | | | | |
| Is the exemption claimed over the whole of the property? (If no, please provide a copy of the floor plans showing the areas leased and/or areas claiming exemption) | | | | | | |
| Is the organisation exempt from payment of rates under legislation other than the Local Government Act 1995? (If yes, please provide the details of the Legislation) | | | | | | |
| Does the organisation receive a tax exemption from the Australian Tax Office? (If yes, please provide tax exemption certificate) | | | | | | |
| Does the organisation run any commercial activities at the property address? (If yes, please provide the information outlining the activities carried out at the property) | | | | | | |
| Does the organisation receive income from the operation located at the property address? (If yes, please provide financial information of the income received) | | | | | | |
| Please provide a copy of two years of audited financial statements | | | | | | |
| Number of Bins on Property | Green | Quantity | | | | |
| | Recycling | Quantity | | | | |



Declaration

| I/We | declare that the answers, | |
|---|---------------------------|--|
| information and documentation provided in this rates exempti correct to the best of my knowledge. I am authorised by the this document. | • • | |
| Name: | | |
| Position: | | |
| Organisation: | | |
| Date: | | |
| Signature: | | |

Please return application to:

Town of Victoria Park Senior Rates Officer PO Box 437 Victoria Park 6979

OR

By email: admin@vicpark.wa.gov.au

For any queries please contact the Rates Department: 08 9311 8122