

Rates Exemption Application

This application form is to be used by organisations seeking exemption from rates, pursuant to the provisions of Section 6.26 of the Local Government Act 1995. The application for exemption will be checked based on the information you have provided, and you will be advised of the outcome in due course.

Please attach any additional documents requested, as failure to do so may result in the application being refused.

Please note that where exemption from rates is approved, the property will still be subject to the Emergency Services Levy and any other charges, if applicable, such as rubbish collection charges. All properties which are granted exemption from rates are subject to yearly reviews to ensure continued approval.

approval.		,
Instructions:		
Please print clearly in the spaces provided. If more restating relevant information.	oom is required,	please attach a further page clearl
1. Property details		
Property address		
	State	Postcode
Rates assessment number		
2. Property owner details		
Organisation		

Property owner (if different to above)

Postal address	
	Date Postcode
Telephone (home)	Telephone (business)
Mobile	Facsimile
Email	
3. Applicant Details	
Contact person	
Position title	
Postal address	
	State Postcode
Telephone (home)	Telephone (business)
Mobile	Facsimile
Email	
4. Organisation Information Is/does the organisation: Yes No An incorporated body as per the Assoc If yes, provide a Certificate of Incorporation Considered "not for profit". Please provide a Certificate of Incorporation Considered "not for profit".	

		Have a tax exemption from the Australian Tax Office (ATO)? If yes, provide a certificate of tax exemption from the ATO	
		Leasing the property? If yes, provide a copy of the lease and confirm if the lessee is responsible for the rates	payment of
		Have planning approval for the land use of the property? A site inspection may be required before the application is processed	
		entation Requirements ovide a copy of (in addition to those items specified in Section 4):	
	Organ	nisation's Constitution	
		Type of service provided (e.g. food, accommodation etc) Frequency of service provision (e.g. full-time, daily, weekly etc)	
	(If this	py of the current years audited financial statements for the Organisation as exemption applies to only a portion of land owned by this Organisation, ant statements for the land this application applies to.)	provide the
	•	an of the property, showing all buildings and outbuildings OR a Floor plan of erty area, if only part of the property is the subject of this application	f the leased
□В	y tickin I un docu	er Authorisation ng this box I confirm: nderstand that this form authorises the City of Cranbrook to reproduce cuments associated with this application for internal purposes only. t the information I have provided in this form is accurate.	any
Signat	ure: _	Date:	
		(ddr	mmyy)
Name	:	Position:	

7. Statutory Declaration Application

Western Australia Oaths, Affidavits And Statutory Declarations Act 2005

For Rates Exemption Under Section 6.26 Of The Local Government Act 1995. Statement Of Property Use For The Year Ending 30 June 20_____ 1. Christian name or names and surname of declarant in full. I 2. Address of 3. Occupation In the State of Western Australia Sincerely declare as follows: The property located at is used by for the purposes of Description of the activities the property is used for

to or from:

for the period of:

to:

The applicant agrees to advise the Local Government's Rating Services Section as soon as there is ANY change to the purpose/s as stated above.

This declaration is made under the Oaths, Affidavits and Statutory Declarations Act 2005

Declared a	at this		
Day	of	200	
Signature	of person making the d	eclaration	
In the nre	sence of		
m the pre-		f authorised witness)	
(Name of	authorised witness and	qualification as such a witness)	
*Importar	nt This Declaration mus	t be made before any of the follo	wing persons:

- Academic {post-secondary institution}
- Accountant
- Architect
- Australian Consular Officer
- Australian Diplomatic Officer
- Bailiff
- Bank Manager
- Chartered secretary
- Chemist
- Chiropractor
- Company auditor or liquidator
- Court officer {Judge, magistrate, registrar or clerk}
- Defence Force officer {Commissioned, Warrant or NCO {with 5 years continuous service}}
- Dentist
- Doctor
- Electorate Officer {State WA only}
- Engineer
- · Industrial organisation secretary
- Insurance broker
- Justice of the Peace {any State}
- Lawyer
- Local government CEO or deputy CEO

- Local government councillor
- Loss adjuster
- Marriage Celebrant
- Member of Parliament {State or Commonwealth}
- Minister of religion
- Nurse
- Optometrist
- Patent Attorney
- Physiotherapist
- Podiatrist
- Police officer
- Post Office Manager
- Psychologist
- Public Notary
- Public Servant {State or Commonwealth}
- Real Estate agent
- Settlement agent
- Sheriff or deputy Sheriff
- Surveyor
- Teacher
- Tribunal officer
- Veterinary surgeon.

Or, Any person before whom, under the Statutory Declarations Act 1959 of the Commonwealth, a Statutory Declaration may be made. For Information: Any authorised witness for the State of Western Australia may also witness a Commonwealth Statutory Declaration, as long as they are in Western Australia at the time of witnessing {Schedule 2, item 231 of the Commonwealth Statutory Declarations Regulations 1993}. Important Information: As of 1 January 2006 there is no provision for commissioners for declarations in the state of Western Australia.

8	3. Office Use Only		
2.	Considerations Approval with Tow Has the property been inspected? Recommend for non-rateable state	Yes	No No No
4.	Applicant/Owner Name:		
	Section of the Local Government A		
6.	Exemption Description:		
	Amount of rates to be exempted a	ew Application Review of Exempond dates to be applicable from (app	
	for a period of a year unless circun	_	
۵	Amount: Rubbish bin changes to be levied a	Date (from):	
Э.	Amount:	Date (from):	
	Decision Under Council Authority		
	This application has been:		
	DECLINED	APPROVED	APPROVED
	for non-rateable status	for partial non-rateable status	for non-rateable status
	Name:		
	Signature:		
	Date:		
	Council Resolution Reference:		
	Date of Council Meeting:		