

APPLICATION FOR RATES EXEMPTION

Section 6.26 of the *Local Government Act 1995*

Privacy

The personal information collected on this form will only be used by the Town of Port Hedland for the sole purpose of providing requested and related services. Information will be stored securely by the Town and will not be disclosed to any third parties without your express written consent.

Instructions: Please print clearly in the spaces provided and fill out the attached checklist.

This application form is to be used by organisations seeking a rates exemption, pursuant to Section 6.26 of the *Local Government Act 1995*. The provision of this exemption will be dependent on a decision prepared by Council, 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.

1. PROPERTY OWNER DETAILS

Organisation:			
Property Owner:			
Property Address:			
Telephone:		Postcode:	
Mobile:		Facsimile:	
Email:			

2. APPLICANT DETAILS

Contact Person:			
Position Title:			
Postal Address:			
Telephone:		Postcode:	
Mobile:		Facsimile:	
Email:			

3. PLEASE ANSWER THE FOLLOWING QUESTIONS BY TICKING THE APPROPRIATE BOX

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you the owner or lessee and occupier of the land with the rate notice being issued in the organisation's name? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your organisation an Incorporated body? If so, please provide the certificate of incorporation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your organisation considered not for profit? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the organisation considered a Public Benevolent Institution for taxation purposes?
If so, please provide the relevant Taxation information. |

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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 the appropriate organisation purpose from 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: _____

