

APPLICATION FOR PAYMENT IN LIEU OF REAL PROPERTY TAX SECTION 3(1)(a) OF THE PAYMENTS IN LIEU OF TAXES ACT, 2000 (PILT)

Municipality/Taxing Authority	Province / Territory		Tax Year for which application is made	→
1. List ALL CBC properties for information requested on CB (If preferred you may use a spreadsheet	C form HO 0010 E		_	
2. IMPORTANT - Each proper tax rates levied for the tax year	· — —	-	_	
3. Include a sample Tax Notice/Invoic ALL SCHEDULED BILLING DATE payment and other similar By-laws to	ce for each applicable p	roperty. Attach ; Include capping	your TAXAT	TON BY-LAW, listing
4. We require assessment appraisal car each reassessment and for newly list If you can not provide these cards, p address of the assessment office from may obtain them.	ted properties. (blease list the (your application	the first tim	e you apply, following))))
5. Does each CBC property receive the sa Yes No IF NO attach explanate		lable to other taxa	ble properties	in the area of service?
6. Does your municipality wish to be concerned as the concerned amount exceeds \$25.00 IF YES attach copy of bylaw, together with a property tax accounts, including rate of interest dentify the date from which interest on over	onsidered for a Late Pa if there is an unreaso Yes, for any amount description of your municipest and compounding freque	nable delay in m No [pality's practice for oney.	aking the pay	yment in lieu of taxes?
7. a) Are any tenants of CBC currently in No Yes IF YES provide the	•	perty tax obligation	ons to your mu	inicipality?
Name of Tenant & Tenant Roll No.	Roll No. & Address of	of CBC Property	Tax Year	Amount Outstanding
b) Does your municipality wish to be considered determined to be eligible for PILT? IF YES ple Yes, only if amount exceeds \$25.00			_	mount(s) should they be
I hereby certify that the information given in the tax rates and assessments in effect for the		y documents attac		rue and correctly sets forth
Signature of Authorized Officer		Date		
RETURN ADDRESS (PLEASE PRINT OR TYPI	<u>E)</u>	DO NOT	WRITE IN TH	HE BOX BELOW
Name and Title of Authorized Officer		Approved Amount \$		
Address City		Signature		
ostal Code Telephone No.		Date		
Fax No. E-mail				
SEND ONE FULLY COMPLETED COPY OF THIS APPLICATION AND ALL REQUESTED	-	BY E-MAIL A	AT <u>PILT.PERI</u>	G@CBC.CA

NOTE: All fields must be completed for the Application to be considered for payment

DOCUMENTATION TO:

HO 0009 E (June 2019)

CBC/RADIO-CANADA MTIS, Real Estate Solutions A48 - 1400, boulevard René-Lévesque Est Montréal (Québec)

H2L 2M2