

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	1	Tax Year for which application is made	→
List ALL CBC properties for winformation requested on CBC (If preferred you may use a spreadsheet to	form HO 0010 E		_	
2. IMPORTANT - Each property tax rates levied for the tax year of		-	-	
3. Include a sample Tax Notice/Invoice : ALL SCHEDULED BILLING DATES payment and other similar By-laws tha	for the current year. Include	e capping,		
4. We require assessment appraisal cards each reassessment and for newly listed. If you can not provide these cards, plea address of the assessment office from may obtain them.	properties. (ase list the (pplication	the first tim	e you apply, following))))
5. Does each CBC property receive the same services that are available to other taxable properties in the area of service? Yes No IF NO attach explanation.				
6. Does your municipality wish to be considered for a Late Payment Supplement (LPS) under the provisions of the <i>Payments in Lieu of Taxes Act</i> , 2000 if there is an <u>unreasonable</u> delay in making the payment in lieu of taxes? Yes, only if amount exceeds \$25.00 Yes, for any amount No				
IF YES attach copy of bylaw, together with a deproperty tax accounts, including rate of interest Identify the date from which interest on overduce.	and compounding frequency.			ty on overdue taxable real
7. a) Are any tenants of CBC currently in default on their real property tax obligations to your municipality? No Yes IF YES provide the following details:				
Name of Tenant & Tenant Roll No.	Roll No. & Address of CBC P	roperty	Tax Year	Amount Outstanding
b) Does your municipality wish to be considered for a Late Payment Supplement (LPS) on this (these) outstanding amount(s) should they be determined to be eligible for PILT? IF YES please provide By-law data as per Section 6. Yes, only if amount exceeds \$25.00 Yes, for any amount No				
DECLARATION I hereby certify that the information given in this application and in any documents attached hereto is true and correctly sets forth the tax rates and assessments in effect for the tax year for which this application is made.				
Signature of Authorized Officer		Date		
RETURN ADDRESS (PLEASE PRINT OR TYPE)		DO NOT	WRITE IN TH	IE BOX BELOW
Name and Title of Authorized Officer		Approved Amount \$		
Address City	Signature			
Postal Code Telephone	No. Date	Date		
Fax No. E-mail	I			

SEND ONE FULLY COMPLETED COPY
OF THIS APPLICATION AND
ALL REQUESTED
DOCUMENTATION TO:



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

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