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Schedule A

PERMISSIVE TAX EXEMPTION APPLICATION

Name of Organization: _____

Address of Organization: _____

Property description -legal _____

-civic address _____

Phone: _____

Fax: _____

Contact Person: _____

Have you applied before? _____ For what taxation year? _____

Incorporation number and date of this incorporation: _____
(Applicants must be not-for-profit organizations or be otherwise publicly accountable)

Does your organization have any contracts with the Province for the provision of services? ____
If yes, provide details of contracts. _____

Describe your organization, its mandate and program (s). Indicate whether your facility or service is open to the public or to members only and whether membership is open to any member of the community.
