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## **Schedule A Non-Residential Tax Incentive Program Application**

Property Owner:		Date:		
Mailing Address:				
Contact	Contact Name:		Email:	
Information	Phone:		Fax:	
Legal Land Description and Municipal Address of Lands for Tax Exemption:				
Lot/E	Municipal Address			
Description of the Proposed Project:				
Version Version Annual Annual Atlanta				
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The state of the s				
I/we, the undersigned, understand the conditions of eligibility and further terms set out in the				
current Non-Residential Tax Incentive Bylaw, and acknowledge that I/we have authority to request taxation exemption on the above-mentioned property.				
Full Name Signature				
Fu	Signature			
Office Use Only:				
Roll Number:	Development Permit #:	Developmen Date:	t Permit Issue	Project Completion Date:
Previous Taxable Assessment:	Current Taxable Assessment:	Approved By	:	