CHARITABLE ORGANISATIONS



Exemption from General Rate Application (if insufficient space provided, please use an attachment)

Organisation Name:
Property Identifier (PID)
Property Address:
What facilities exist and how are they used:
What further information can you provide regarding "charitable" use:
Are there any activities you undertake that are NOT "charitable"?
What are your funding sources?
Do your clients contribute to the funding of the organisation? Y / N
If yes, by what percentage?

PO Box 103 Glenorchy Tas 7010

Ph: (03) 6216 6800 gccmail@gcc.tas.gov.au

Who are the owners of the property?	
How are any profits utilised?	
Please attach the following to this application:	;
Financial Statement (Annual Repo	rt)
ATO (Australian Taxation Office) D	GR (Deductible Gift Recipient) Status
I am an authorised person from this organisa have given is correct. This information is for the sole purpose of Gle status for a rates remission in accordance witl 1993. I acknowledge that Council may be required annually to assess future viability of charitable	norchy City Council assessing a charitable h section 87 of the Local Government Act d to review and update its information
Signature of Authorised Person	Date
Name of Authorised	Person
Title of Authoris	sed Person
Contact details of authorised person:	
Email:	
Phone:	