

Request for Property Tax Refund

(Pursuant to the Prince Edward Island *Real Property Tax Act*, R.S.P.E.I. 1988)

Freedom of Information and Protection of Privacy

Personal information on this form is collected under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of tax administration and enforcement. Questions on the collection and use of this information can be directed to the Manager, Corporate and Tax Administration Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

Mail to:

Finance, Energy and Municipal Affairs
Taxation and Property Records
PO Box 880, Charlottetown, PE C1A 7M2

For more information:

Tel: (902) 368 4169 Fax: (902) 368 6164

www.taxandland.pe.ca

Email: taxandland@gov.pe.ca

Deliver to:

95 Rochford Street
Shaw Building, 1st Floor
Charlottetown, PE C1A 3T6

or: any Access PEI Centre

Claimant shall give full and complete information and reasons for claiming this refund in the space provided in Section B. Satisfactory evidence in the form of a receipt should also be attached. Absence of such evidence will constitute justifiable grounds for disallowance of claim.

Section A – Claimant Information (please print)

| | | | |
|---------------------------------------|-------------|-------------|--------------|
| Full Name (must include middle name): | | Parcel No.: | |
| Mailing Address: | | | |
| City/Town/Village: | | Province: | Postal Code: |
| Telephone Number: | Fax Number: | E-mail: | |

Section B – Refund Information

| |
|-------------------------------------|
| 1. Total amount of refund claim: \$ |
| 2. Reason for refund: |
| |
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| |

I hereby certify that the above information is correct to the best of my knowledge and belief.

| | |
|------------------------------------------------|--------------------|
| _____ Name of Contact Person (please print) | _____ Signature |
| _____ Title | _____ Date |

| For Office Use Only | Section | Object | Program | Project | Amount |
|-----------------------------------|--------------|--------|---------|---------|--------|
| Account No.: | | | | | |
| Description to appear on payment: | | | | | |
| Received Date: | Approver(s): | | | | |