

Application for Letter of Good Standing

Mail to:

Finance, Energy and Municipal Affairs Taxation and Property Records PO Box 1330, Charlottetown, PE C1A 7M2

For more information:

Tel: (902) 368 4070 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

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.

Please Note: A Letter of Good Standing is given solely for the purposes of applying to the Canada Revenue Agency for the PST Transitional New Housing Rebate, and does not release the applicant from any taxes, interest or penalties.

Section A – General Inf	ormation					
Business Type: Proprietorship ☐ Partnership ☐ Corporation ☐ Account #:						
Business Name:			GST/HST Bu	GST/HST Business Number :		
			BN -			
Mailing Address:				Province:	Postal Code:	
Civic Address (Street # / Street Name / Suite # or Apt # / City, Town or Village):				Province:	Postal Code:	
Telephone Number:	Cell Number:	Fax Number:	Email:			
Section B – Owner, Par	tner or Officer Infor	mation				
Name:						
Mailing Address:				Province:	Postal Code:	
Civic Address (Street # / Street Name / Suite # or Apt # / City, Town or Village):				Province:	Postal Code:	
Telephone Number:	Cell Number:	Fax Number	Email:	1		
Section C - Authorizati	on to Release Inforr	nation:				
Please note, in the event that be forwarded to the Canada	t a debt is identified subsequ Revenue Agency to update t	ent to the issuance of a heir records	a Letter of Good Star	nding, a copy of	f the Letter of Revocation will	
I, ,				(Title)		
Section D – Certification	on of Applicant:					
I declare that all information	provided on this form and all	attached documents ar	e true and correct to	the best of my	knowledge and belief.	
Signature:				DATE SIGNED: (YYYY/MM/DD)		
X						