293 Exemption Application

Land owner OR under rental agreement in the RM of Wilton No. 472; or

Land owned OR under rental agreement in an adjoining rural municipality

(Please complete each section of the form, as applicable. RM Administration will obtain the taxable assessment on the properties listed to apply against the taxable assessment of the residential dwelling listed. Form must be returned to the RM office **no later than March 31** of each year in order to be applicable for the same year.)

Name of Property Owner: _____

Land Location of Residence: _____

Residence exemption required for (if applicable): _____

1. THAT, I **reside** in a house that I own, or is owned by a partnership or corporation in the Rural Municipality of Wilton No. 472, located on land, the legal description of which is as follows:

LEGAL LAND DESCRIPTION

_____

FOR OFFICE USE ONLY	
Alternate No.	Res. Taxable Assessment

2. THAT, I **own** the following land in the Rural Municipality of Wilton, Britannia, Eldon, and Manitou.

LEGAL DESCRIPTION

RM	Qtr	Section	Twp	Range	W3	Landowners Signature

FOR OFFICE USE ONLY
Assessment

3. THAT, in addition to the land owned by me in this municipality, I also **lease** the following land in the Rural Municipality of Wilton, Britannia, Eldon, and Manitou.

LEGAL DESCRIPTION

RM	Qtr	Section	Twp	Range	W3	Landowners Signature

FOR OFFICE USE ONLY
Taxable Assessment

4. THAT, in addition to the land owned or leased by me in this municipality, I also **<u>own or lease</u>** the following land in an **adjoining municipality** as follows (a copy of the lease agreement is required).

LEGAL DESCRIPTION

RM	Qtr	Section	Twp	Range	W3	Landowners Signature

FOR OFFICE USE ONLY Assessment

I hereby certify that all statement made in this application are true and complete to the best of my knowledge.

SWORN before me at_____ in the province of Saskatchewan, this_____ day of_____, 20_____.

_____ _____

(A Commissioner for Oaths in the Province of Saskatchewan (Signature of Landowner)

My commission expires_____ , 20_____.

FOR OFFICE USE ONLY	
Verified by:	Date Received: