

Non-Resident User Fee Refund Form

A non-resident user fee applies to all persons 5 years of age and older, who are not stakeholders in the Town of Bancroft or Carlow Mayo Township. A \$100.00 fee shall be paid by all persons upfront, and those who provide proof of tenancy or property ownership may apply for a refund. If outstanding fees, charges or taxes exist, the refund shall be applied to that debt first. In the case of outstanding taxes, the monies shall not be applied to the debt, unless the debt is from a prior calendar year. Fees shall be returned via cheque and shall be mailed out to the address listed below.

| Section B – Eligible Address | |
|---|-------|
| Youth 1 Full Legal Name Youth 2 Full Legal Name *if applying for additional refunds please attach a separate Section B – Eligible Address Please select one, and initial below: □ I certify that I am a Property Owner in the Town of Bancroft Roll Number Property Address Legal Description (optional) □ I certify that I am a Property Owner in Carlow Mayo Township Roll Number Property Address Legal Description (optional) | |
| Youth 2 Full Legal Name *if applying for additional refunds please attach a separate Section B – Eligible Address Please select one, and initial below: I certify that I am a Property Owner in the Town of Bancroft Roll Number Property Address Legal Description (optional) I certify that I am a Property Owner in Carlow Mayo Township Roll Number Property Address Legal Description (optional) | |
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| □ I certify that I am a Tenant or Boarder in the Town of Bancroft/Carlow Mayo | |
| Township, living at: Address: | |
| Lease/Boarding Agreement Attached (Required) | |
| Ecasor Boarding Agreement Attached (Requirea) | |
| Initial I certify that all the persons listed in Section A live at the | Э |
| property described in Section B, for >6 weeks per year. | |
| Mailing Address | |
| Street Name & Number | |
| Town/City Postal Code | |
| | |
| Signature Date (dd/mm/y | /vvv) |
| <u> </u> | |
| OFFICE USE ONLY | |
| REFUND APPROVED YES NO REFUND MAILED YES NO | |
| STAFF SIGNATURE: | |
| DATE DATE | |
| (dd/mm/yyyy): (dd/mm/yyyy: | |
| (dd/11111/yyyy) | |
| | |