

FORM

Application for remission of development contribution for schools and charitable trusts

Local Government Act 2002

1.	App	licant details				
	1a.	Name of organisation				
	1b.	Postal address (include postcode)				
	1c.	Street address				
	1d.	Name of contact person				
	1e.	Contact details	Phone	Mobile		Fav
	1f.	Email	Filone	Pildolivi		Fax
	1g.	Preferred means for formal correspondence	Mail	Email	F	ax
	1h.	Address of the property for	or which a dev	elopment contributior	remission is sought	t .
2.	Rem	nission details				
	2a.	Name of organisation				
	2b.	Postal address (include postcode)				
	2c.	Name of contact person				
3∙	Orga	anisation details				
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	4a.	What are the objectives of your organisation?
5.	Add	itional information
	5a.	Is your property used by other community groups? Yes No
		If yes, which group(s)?
	_	Disconnected avidance that your appropriation is
	5c.	Please provide evidence that your organisation is
	5c.	A registered charity in accordance with the Charities Act 2005, or
	5C.	 A registered charity in accordance with the Charities Act 2005, or Has met the requirements of New Zealand Inland Revenue for charitable status, or
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