

EPT Exemption/Abatement Appeal Form (Municipal Use Only)

Section 1: Claimant information

Name of municipality:

Claim ID#:

Decision date:

Contact Information

Name:

Position:

Phone:

Email:

A copy of the original application and decision is attached.

Section 2: Reason for appeal

I would like to appeal the decision, for the following reasons:

I certify that council supports an appeal.

I certify the information provided on this form is true.

Name of municipal representative (please print)

Position

Signature

Date

Return form to:

eptappeal@gov.sk.ca