



2010 CAPPED ASSESSMENT PROGRAM ELIGIBILITY APPEAL

Property Information

Assessment Number: _____

Assessed Owner: _____

Civic Address of Property: _____

Reason for Appeal

Nova Scotia Residency. I, _____ (please print full name), the assessed owner of the above property, resided for at least 183 days in 2009 in the Province of Nova Scotia. This property is at least 50% owned by Nova Scotia residents.

Condominium Occupied. I, _____ (please print full name), the assessed owner of the above property, live in the condominium.

Family Transactions.

Please indicate all property transfers or sales since January 2009 between family members (spouse, child, grandchild, great grandchild, parent, grandparent, brother or sister, family trusts and farm cooperatives). Please indicate the name of the previous owner and your relationship to them.

Date of Transaction: _____

Previous Owner: _____

Relationship to Owner: _____

Date of Transaction: _____

Previous Owner: _____

Relationship to Previous Owner: _____

(Attach additional papers, as required)

Taxable residential or taxable vacant resource property

Other

If "Other," please contact us at 1-800-380-7775 within North America and 1-902- 543-2267 from outside North America.

Your Contact Information

Please indicate your preferred method of communication, by checking one of the following boxes:

E-mail address: _____

Telephone #: _____

Fax #: _____

Mail: _____

(If different from the address on your assessment notice)

Signature

I, the undersigned, confirm the information presented to be correct to the best of my knowledge.

Signature of Assessed Property Owner

Date