

Community of Tignish
Residential Construction Incentive
Municipal Residential Real Property Tax Refund
Application Form

Date: _____

Property Owner: _____

Mailing Address: _____

Telephone #(H) _____ **(W)** _____

Property Tax Number _____

Property Address _____

Expected date of Construction completion _____

Expected date of occupancy _____

Signature of Applicant _____

Please attach a copy of your property tax bill to this form.

For Office use only:

Approved: Yes Date: _____

 No Approved by: _____