

POSTAL ADDRESS for return of information:

Phone number _____

(In case we need to clarify any information you have supplied us with.)

DECLARATION

I declare that the content of this application is true.

Ratepayer's signature

Date _____

Name _____ [please print] Date _____

**Horizons Regional Council
CONTIGUOUS FORESTRY Rate Remission Criteria**

Rating units that meet the criteria under this policy may qualify for a remission of uniform annual general charges and any targeted rate set on the basis of a fixed dollar charge per rating unit. The ratepayer will remain liable for at least one set of each type of charge.

This remission applies for financial years starting **from 1 July 2012 onwards.**

The contiguous rating units on which remission is given can be owned by the same ratepayer or different ratepayers, **must be used as a single forestry business, and must not be used for different purposes nor rented as separate properties.** Only one of the units may have any residential dwelling situated on the rating unit.

Ratepayers wishing to claim a remission should make an application on the form prescribed by Horizons. **The onus will be on the ratepayer to demonstrate that s/he meets the conditions and criteria set.**

Decisions on remission of uniform charges will be delegated to the chief financial officer as set out in the Council's delegations resolution. In addition **the remission will be reviewed every three years.**