## AFFIDAVIT EXEMPTIONS FROM TAXATION IN RURAL MUNICIPALITIES

PURSUANT to Section 293 of *the Municipalities Act* \*\* Must be received by January 31 to be applied\*\*

If you own land within the R.M. of Frenchman Butte No. 501 that wo	ould be listed as
a different name than your personal name (Example: Your Business	s Name) please
list the name(s) below:	

CANA					
Saskatchewan		of			
		in the	Province of Saskatchewan	l <b>3</b>	
		MAKE	OATH AND SAY:		
1.	THAT I own a dwell	ing in the Rural Mur	nicipality of Frenchman Bu 	tte No. 501 on land lec	gally described as
2.	The only land that I	own/rent is the lanc	that my dwelling is situate	əd on:	
3.	This dwelling is vac	ant. No			
	i) In the past, my	residence has been	fully exempted from taxat	-	emption.
4.	THAT in addition to	the land owned by	me in this municipality, I al	so lease or rent the fol	llowing land in the
Rural Municipality of Frenchman Butte No. 501:					
	To utilize these lar lands towards his/	-	293 Exemption" the own	er of the land must n	not be using these
	LEGAL DESCRIPTIO	N:	OWNER:		Claiming

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\*If further space is required please attach a separate sheet\*

 THAT in addition to the land owned, leased or rented by me in the Rural Municipality of Frenchman Butte No. 501, I also own, lease or rent the following land(s) in adjoining municipalities (the R.M. of Britannia No. 502, the R.M. of Loon Lake No. 561, the R.M. of Mervin No. 499, the R.M. of Eldon No. 471 or the R.M. of Paynton No. 470):

To utilize these lands towards your "293 Exemption" the owner of the land must not be using these lands towards his/her exemption.

LEGAL DESCRIPTION	OWNER	Located in the Rural Municipality of	Claiming

\*If further space is required please attach a separate sheet\*

I hereby certify that all statements I have made in this affidavit are true to the best of my belief and knowledge.

SWORN at\_\_\_\_\_, in the Province of Saskatchewan, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Dwelling Owner (Please Print)

Witness's Name (Please Print)

Signature of Dwelling Owner

Witness's Signature

## **Contact Information:**

Phone Number:\_\_\_\_\_\_