



Municipal Accommodation Tax Return Claim

Pursuant to By-law No. 41-2023

Name of Agency: _____

Address: _____ Contact Name: _____

_____ Telephone Number: _____

Email Address: _____

Refund Amount Requested: _____

*Please ensure that an official receipt is attached to this document.

Select appropriate exemption:

Crown corporation (provincial or federal).	
Boards as defined in the Education Act.	
Ontario universities, colleges of applied arts and technology and post-secondary institutions.	
Hospitals classified under the Public Hospitals Act and private hospitals operating under a licence issued under the Private Hospitals Act.	
Long-term care homes, as defined in the Long-Term Care Homes Act, 2007.	
Other, please specify:	

Name of Employee: _____

Signature: _____

Date: _____

Information

For more information, please contact Mireille Lemieux at 705-362-4341 ext 1100 or by email at mlemieux@hearst.ca

The Corporation of the Town of Hearst
925 Alexandra Street
PO Bag 5000
Hearst, ON P0L 1N0