

Please take the time to complete **both pages** of this form carefully.

The form should then be printed and signed by **both** the **Property Owner** and a registered **Medical Practitioner**, before being scanned and sent via email attachment to [VUT\\_ILV@ottawa.ca](mailto:VUT_ILV@ottawa.ca).

| SECONDARY PROPERTY INFORMATION               |              |
|----------------------------------------------|--------------|
| Roll number: <b>0614.</b> _____ <b>.0000</b> |              |
| Property street number and name:             | Postal code: |

| OWNER INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------|
| First & last name(s) of property owner(s): <i>(please list indicating primary owner first)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |              |
| Mailing address of primary owner:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |              |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Province:                        | Postal code: |
| Primary telephone number:<br>(      )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | email address: <i>(Optional)</i> |              |
| <p>I (a named owner of the above property) attest :</p> <p><input type="checkbox"/> the Secondary Property named above was periodically occupied by an owner, their spouse, dependent or caregiver to receive medical treatment or to assist a family member requiring medical treatment <i>(as per Section 2.3 of By-law No. 2022-135)</i>.</p> <p><input type="checkbox"/> that all information provided is true and correct to the best of my knowledge and belief, and that I understand all information is subject to audit and verification.</p> <p><i>I understand that I may be asked to provide further information and evidence to support my declaration at a later date. Failing to do so, providing false declarations or false information will result in fines of up to \$10,000 per offence on conviction.</i></p> |                                  |              |
| Signature of primary owner:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  | Date:        |

**NOT COMPLETE WITHOUT PATIENT INFORMATION AND CERTIFICATION BY MEDICAL PRACTITIONER ON PAGE 2**

**Notice of collection**

Personal information is collected under the authority of sections 8, 10, and Part IX.1 of the Municipal Act, 2001, S.O. 2001, c. 25 and sections 4 and 5 of City of Ottawa Vacant Unit Tax *By-law No. 2022-135*. Personal information will be used by the City for the purpose of administering the Vacant Unit Tax and enforcement of the by-law. We may also use owner phone number and email address to contact the owner with respect to matters concerning the administration of City property tax. Questions about this collection and use of your personal information may be directed to the Program Manager – Revenue Support, 100 Constellation Dr, Ottawa ON K2G 6J8, 613-580-2444, or by email at [vut\\_ilv@ottawa.ca](mailto:vut_ilv@ottawa.ca).

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| PATIENT INFORMATION                                                                |           |                                    |
|------------------------------------------------------------------------------------|-----------|------------------------------------|
| First & last name of patient <i>(i.e. the individual receiving medical care)</i> : |           | Relationship to property owner(s): |
| Name of treatment facility or hospital:                                            |           |                                    |
| Street address of treatment facility:                                              |           |                                    |
| City:                                                                              | Province: | Postal code:                       |

| MEDICAL PRACTITIONER INFORMATION<br><i>(TO BE COMPLETED BY A CERTIFIED MEDICAL PRACTITIONER ONLY)</i>                                                                  |                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| First & last name of medical practitioner:                                                                                                                             | Certification or fellowship:      |
| Name of practice or hospital affiliation:                                                                                                                              | Telephone number:<br><br>(      ) |
| <i>I certify that in my professional opinion, the Patient named above is participating in a course of treatment that is required for the health of the individual.</i> |                                   |
| Signature of medical practitioner:                                                                                                                                     | Date:                             |

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