



SCHEDULE

FORM RF1
Regulation 5, 19

THE REPUBLIC OF UGANDA

THE LOCAL GOVERNMENTS (RATING) ACT

NOTIFICATION OF EXEMPT STATUS
Under Section 5 of the Act and Regulation 5(i)

To
(Name of local government)

Name of owner(s) _____

Physical Address: _____

House Number: _____

Telephone Number(s): _____

Email: _____

Other Address

Physical address of rateable property _____

Category of exemption _____

Start date of exemption (if known) _____

End date of exemption (if known) _____

Date _____ *Signed* _____