



CANCELLATION OF TAX INSTALLMENT PERSONAL PRE-AUTHORIZED PAYMENT PLAN

Bylaw #06-2016 - Schedule "C"

NAME: _____	TAX ROLL #: _____
MAILING ADDRESS: _____	LEGAL ADDRESS: LOT _____ BLOCK _____
CIVIC ADDRESS: _____	PLAN _____
LEGAL, ALBERTA TOG 1L0	PHONE #: _____

I/We hereby give notice to the Town of Legal that I/we wish to withdraw from the Tax Installment Pre-Authorized Payment Plan on the date of _____ for the Tax Roll # _____.

I/We are aware that this cancellation form must be received fifteen (15) days prior to the next withdrawal/due date.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement in the space provided below.

I/We understand that all outstanding amounts now become due and payable and subject to penalties in accordance with Bylaw #05-2016.

Nothing in this cancellation form shall be interpreted to relieve the owner/applicant from the obligation to pay outstanding balances, including penalties, owing to the Town of Legal in the manner or the date(s) established by the bylaws.

This form must be completed by the owner(s) whose name appears on the tax roll.

Signature of Applicant

Date

Signature of Co-Applicant

Date

The information on this form is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to the Town of Legal.

FOR OFFICE USE ONLY:

DATE REMOVED: _____

INITIALS: _____

COPY GIVEN TO TAX DEPT: _____