



CANCELLATION OF TAX INSTALMENT PRE-AUTHORIZED PAYMENT PLAN

Bylaw #08-2019- Schedule "C"

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

I/We, owner of the above described property, hereby give notice to the Town of Legal that I/we wish to withdraw from the Tax Instalment Pre-Authorized Payment Plan, as per Bylaw #08-2019 Schedule B, on the date of _____ for the Tax Roll # _____.

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

I/We warrant and guarantee that the owner(s) whose signatures are authorized to sign on this tax roll 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 (Tax Instalment Preauthorized Payment Plan Bylaw #08-2019 and Tax Penalty Bylaw #05-2016).

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 collected on this document will be used for the purposes allowed under the authority of the Municipal Government Act. 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 Tax Instalment Preauthorized Payment Plan with the Town of Legal.