TOWN OF PICTURE BUTTE BYLAW # 867-18 SCHEDULE "A"

TAX INSTALLMENT PAYMENT PLAN APPLICATION FORM

| | Tax Roll Number | |
|----------------|---|---|
| | Civic Address | |
| | Property Owner's Name(s) | |
| | Mailing Address | |
| | Town / City | |
| | Postal Code | |
| | Phone Numbers | |
| | Beginning TIPP Amount | |
| <u>Initial</u> | | cture Butte to begin automated monthly withdrawal for payment of property ntified on the attached voided cheque or direct deposit / pre-authorized debi |
| | Payments will continue on the last business day of each month until this agreement is terminated. | |
| | I / We have read, understand and agree to the Town of Picture Butte Tax Installment Payment Plan Bylaw. This Bylaw can viewed on the Town's website at www.PictureButte.ca | |
| | | nonthly tax payment amount will change each June once the current year's tax new calculated amount will be reflected on the annual tax / assessment notice |
| | I / We understand that my / our monthly tax payment amount will also change in January of each year and w be based on the previous year's levy. | |
| | I / We understand that if any payment fails to be honored, I / we will be removed from the program and may be subject to fees and / or penalties. | |
| | I / We understand that if my / our participation in TIPP is cancelled or withdrawn between July 11 th and December 1 st of any year, the tax penalties stipulated in the Tax and Tax Penalty Bylaw will be applied to my our tax roll 30 days after withdrawal or cancellation. | |
| | Property Owner's Signature | |
| | Date | |
| | Property Owner's Signature | |
| | Date | |
| | | |

The personal information requested on this form is being collected with the Freedom of Information and Privacy (FOIP) Act and is protected by the FOIP Act. If you have any questions regarding the collection of this information, please contact the Town Office.