



TIPPS

Cancellation
Tax Installment Payment Plan Service

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Roll Number

PROPERTY ADDRESS: _____

NAME: _____ Phone: _____
(Last Name, First Name) (Home) (Alternate)

MAILING ADDRESS: _____

- Reason for Cancellation:
- Sold Property - Possession Date _____
yy/mm/dd
 - Other _____
 - Refund Requested _____
(TIPPS payments withdrawn after possession date)

Date of Final TIPPS Withdrawal: _____
TIPPS is withdrawn on the 6th of each month (yy/mm)

Signature

For Office Use Only

Received By: _____	Refund Amount (if Applicable) _____
Date Cancelled: _____ (yy/mm/dd)	Entered By: _____
	Checked By: _____

This cancellation request must be received at City Hall two weeks prior to the next scheduled pre-authorized payment.

Signature of Bank Account Holder

Name: _____

Date: _____

Mailing Address: _____

Signature of Joint Bank Account Holder

Name: _____

Date: _____

Please submit completed application by mail, fax or in person.

Telephone: (306)933-2133

Fax: 306-933-1987

Email: jeannineb@warman.ca

Mail To: City of Warman Box 340, Warman SK S0K 4S0

Hours of Operation: Monday - Friday 8:30 - 4:30