Pre-Authorization Payment Plan- Cancellation: Property Taxes

Name(s):		
Municipal address of property: (Service address where PAP is applied)		
Property Roll Number: 42-59)	0000
12 MONTH BUDGET PLAN	10 MONTH BUDGET PLAN	INSTALLMENT ONLY PLAN
15 th of the Month	30^{th} of the Month \Box	Four (4) Payments
The effective date of my withdrawa	al from the above noted Pre-auth	norization payment plan will be:
I realize that I must complete a new ap payment plan that the City of Owen So		erty in a different pre-authorized
If I recently purchased a new property a life in the l		/ in a pre-authorized payment plan
If multiple signatures were required on being used for the above P.A.P. plan(s)		
Authorized Signature(s):	Date:	
Authorized Signature(s):	Date:	
Drintod Namo(s):		

For assistance, or further information please call 519-376-4440 ext. 1249 or email tax@owensound.ca

