

**CANCELLATION OF THE MONTHLY PAYMENT PROGRAM**

I hereby request cancellation of the monthly payment program.

**TAX ACCOUNT NUMBER:** \_\_\_\_\_

**PROPERTY/PREMISE ADDRESS:** \_\_\_\_\_  
&/OR

**LEGAL DESCRIPTION:** \_\_\_\_\_

**NAME OF OWNER/PAYER:** \_\_\_\_\_  
(Please Print)

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAYTIME PHONE NUMBER:** \_\_\_\_\_

**EFFECTIVE DATE OF CANCELLATION:** \_\_\_\_\_

**PLEASE NOTE:**

- To withdraw from the monthly payment program, this notice must be received at least two weeks prior to the next installment date.
- Unpaid taxes as of the date of termination of the program will be subject to penalties according to City of Edmonton bylaw.

\_\_\_\_\_  
Signature of Payer or Authorized Representative

\_\_\_\_\_  
Date

Personal information on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act, RSA 2000, c.F-25, s.33 and is protected by the privacy provisions of the Act. If you have any questions about the collection and use of this information, please contact 3-1-1; or (780) 442-5311 if outside of Edmonton

**PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO THE ADDRESS INDICATED ABOVE**