

# PRE-AUTHORIZED TAX PAYMENT PLAN CANCELLATION

## 1. Property & Contact Information

Roll Number:			
Civic Address:			
Mailing Address:			
Phone Number:		Email:	

## 2. Request Information

I/We:			
Request to have the tax installment plan cancelled effective Date:			
On my property located at:			

## 3. Signature Field

Signature:		Date:	
Signature:		Date:	

**This form must be returned to the Taxation Department by the 20<sup>th</sup> of the month.**

Notice of Collection: The personal information on this form is collected under the authority of s4(c) and s12(1)(a)(b)(c) of the Protection of Privacy Act (POPA) and Section 301.1 of the Municipal Government Act. The information will be used to process your application. Your name, contact information and address may be used to carry out current and/or future Greenview construction, operating programs, services or activities of Greenview. If you have questions about the collection, use, or disclosure of your personal information, please contact Greenview's ATI Coordinator at 780.524.6079 or [atia@mdgreenview.ab.ca](mailto:atia@mdgreenview.ab.ca).

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