

TIPPS – Tax Installment Payment Plan Service – Cancellation

Property Roll Number | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ |

Property Civic Address: _____

Name: _____ Mailing Address _____

Phone: _____ E-mail Address: _____
Home or Cell Work

Date of Final TIPPS Withdrawal: _____
yy/mm/dd

Authorized Signature

Authorized Signature

Date

Date

Mail: **or**
City of Yorkton
Box 400
YORKTON, SK S3N 2W3
Att: Property Tax Department

Drop off at: **or**
City Hall Main Floor
37 Third Avenue North
Monday to Friday, 8:00 a.m. to 4:00 p.m.

E-mail:
assessor@yorkton.ca
Fax:
306-786-6880

For Office Use Only

Date Received: _____

Date Cancelled: _____

Entered By: _____