



CITY OF MELFORT
TAX INSTALLMENT PAYMENT PLAN-TIPPS
WITHDRAWAL FORM

NAME(S): _____

ROLL #: _____

CIVIC ADDRESS: _____

EFFECTIVE DATE: _____

THIS FORM STATES THAT I/WE WISH TO BE REMOVED FROM THE CITY OF MELFORT'S PRE-AUTHORIZED PAYMENT PLAN. I/WE UNDERSTAND THAT ANY UNPAID TAXES ARE NOW SUBJECT TO THE CITY OF MELFORT'S PENALTY RATES (on any balance still due after June 30th).

Signature – Owner 1

Signature – Owner 2

Date