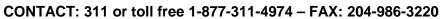


## **PROPERTY AND BUSINESS TAXES**

## **APPLICATION FOR TAX INSTALMENT PAYMENT PLAN (TIPP)**





To Enrol on TIPP for **Property Taxes** only, please complete Sections 1, 2, 5 & 6 (PLEASE PRINT):

ROLL NUMBER		LOCATION ADDRESS		POSTAL CODE
ROLL NOWIDER		ECOATION ADDITECT		TOOTAL OODL
IS THIS YOUR PRIMARY RESIDENCE NO	DENCE? MAILING	ADDRESS (F DIFFERENT THAN THE	LOCATION ADDRESS ABOVE)	
APPLICANT(S) NAME	Surname	Given Name	BUSINESS TELEPHONE	HOME TELEPHONE
APPLICANT(S) NAME	Surname	Given Name	BUSINESS TELEPHONE	HOME TELEPHONE
applied within the caler	ndar year. For Realty Taxe	s, instalment periods can val	mber of monthly instalments over y between 7 and 12 months. of Months	
_			ections 3, 4, 5 & 6 ( <i>PLEAS</i>	
BUSINESS TAX ROLL NUMBER			<u> </u>	POSTAL CODE
BUSINESS NAME	I		TELEPHONE	FAX NUMBER
TAXABLE PARTY (PROPRIETO	OR, PARTNERS OR CORPORATE N	AME)		I
MAILING ADDRESS (IF DIFFER	ENT THAN THE LOCATION ADDR	ESS ABOVE)		POSTAL CODE
	E ONE OF THE FOLLO			
	ınk cheque marked « voi			
Pre	eauthorized payment forr	n provided by your financia	al institution	
vable to The City of Winnip yment shall be the same a /our participation in the pa mination of participation in monthly payment on June /e agree to provide two we son.	beg on the first day of each is if the undersigned had per yment plan if any debits are the plan are subject to pender 1 for Business Taxes and leks written notification if I/w	month as payment in part of the resonally issued a cheque. I/We not honoured by the participalities as per the penalty by-law on July 1 for Property Taxes ever change bank information, so	ly debit my/our account for the more taxes for the above named proe acknowledge the right of The Count's financial institution. Unpaid to vol. I/We acknowledge there may leach year as a result of The City could be property, or wish to cancel	perty. The treatment of each city of Winnipeg to cancel axes as of the date of be adjustments in the amount of Winnipeg's annual tax levy. participation in the plan for any
	•		h of the month to ensure enrol	•
	OTH ITEMS TO: THE CI •510 MA	TY OF WINNIPEG •ASSE AIN STREET •WINNIPEG		
			INNIPEG INTERNET PAGE: English/Payments/Tipp.stm	
AUTI	HORIZED SIGNATORS	OF THE ABOVE ACCOUN	T <i>MUST SIGN</i> THIS APPLIC	ATION
APPLICANT'S SIGNAT	URE		DATE	YYYY MM DD
SECOND SIGNATURE	(IE DEOLIDED)			
OLOGIND SIGNATURE	(II NEQUINED)			