MUNICIPAL DISTRICT OF FOOTHILLS NO. 31
Box 5605, High River, Alberta T1V 1M7

APPLICATION FOR TAX INSTALLMENT PAYMENT PLAN

Applicant Name(s)

Mailing Address

	The personal information collected on the form is being collected under the authority of the Municipal Government Act and will be used for the purpose of administering municipal assessment and tax systems. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.

Telephone	Fax	Email address

Roll Number*	Legal Description	Civic Address (if applicable)

*if more than one roll number, enter "ALL" and leave legal description and civic address fields blank.

Monthly Payment

Total Annual Tax	Divided by	Equal Monthly Payments
	12 Months	

Enrollment in TIPP program will not be started until all previous taxes are paid in full. Please contact the tax department at 403-603-6224 with any questions and for monthly payment details.

I/We hereby authorize the M.D. of Foothills to withdraw monthly payment from my/our financial institution as indicated by the attached VOID cheque.
The payment will be withdrawn on the (please check one)

☐ 1st day of each month, or

☐ 15th day of each month.
Starting the _____day of _____, _____.
day month year

_____ _____
Signature Date

_____ _____
Signature Date