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 this 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**

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 Payments

Total Annual Tax*	**Divided by**	**equals Monthly Payment**
	12 Months	

*Please use last tax levy, unless property has changed because of new construction, subdivision, etc.

Payment Options (please check payment option)

☐ **Automatic Withdrawal**

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The payments will be withdrawn on the (please check one day)

☐ 1st day of each month, or the

☐ 15th day of each month, starting the _____ day of _____, _____
day month year

☐ **Post-dated Cheques**

I/We agree to provide post-dated cheques for the monthly payments, the first six months submitted with this application.

_____ _____
Signature **Date**

_____ _____
Signature **Date**