



**MUNICIPALITY OF CROWSNEST PASS**  
**TAX INSTALLMENT PAYMENT PLAN**  
**CANCELLATION**

Box 600, Blairmore, AB T0K 0E0 Ph: (403)563-2203 Fax: (403) 563-5474  
Email: [taxroll@crowsnestpass.com](mailto:taxroll@crowsnestpass.com)

<b>Name:</b>	<b>Customer ID:</b>
<b>Phone:</b>	<b>Mailing Address:</b>
<b>Email:</b>	<b>Street Address:</b>
<b>Tax Roll:</b>	

Please note 14 days notice is required prior to next payment.

**I/We hereby request the cancellation of the use of my/our PRE-AUTHORIZED DEBIT (PAD) for payment of current year's property taxes for the above-mentioned property.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**EFFECTIVE DATE**

