



CANCELLATION NOTICE

Effective Date: _____

Municipal Address _____

(please clearly indicate which Plan by marking the applicable box with your initials)

<u>PROPERTY TAX ROLL</u>	<u># 4364 - - -</u>
PLAN #1 = 4 due dates (15 th of March, May, July, September)	<input type="checkbox"/>
PLAN #2 = 10 installments (15 th of January to October)	<input type="checkbox"/>

<u>WATER/SEWER ACCOUNT</u>	<u>#</u>
PLAN #1 = 6 due dates (21 st of February, April, June, August, October, December)	<input type="checkbox"/>
PLAN #2 = 11 equal installments (21 st of November to September) + 1 reconciliation installment (21 st of October)	<input type="checkbox"/>

NAME: _____

SIGNATURE: _____

Please return this form to the Treasury Department at Town Hall by:

- Email: revenue@wasagabeach.com
- Fax: 705-429-6732
- Mail / Drop box / In person 30 Lewis St, Wasaga Beach ON L9Z 1A1