

56 Queen Street Port Hope, ON L1A 3Z9 | t: 905.885.4544 | f: 905.885.1807 | tax@porthope.ca

## Property Tax - Pre-Authorized Payment Plan Cancellation

Name: *	Telephone number: *		
Email Address: *	Roll Number: *		
Municipal Address (Including Postal Code): *			
Please choose one of the following options to canc	el your pre-authorized plan: *		
☐ My financial institution will now be paying			
☐ Property has sold			
Closing Date of Sold Property:	Effective Date: *		
Closing Date of Sold Property.	Effective Date.		
I hereby authorize the Municipality of Port Hope to	make the appropriate Date: *		
adjustment(s) to my pre-authorized plan as identified	ed above.*		

Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended. Inquiries about the collection of personal information should be directed to the Municipal Clerk.

## Staff Use Only

Customer ID:						