



Rural Municipality of Stanley

T.I.P.P. CANCELLATION NOTICE

TO: RM of STANLEY

DATE: _____

I/We, _____, cancel my/our participation in the tax installment payment program with the RM of Stanley in the amount of _____/month against my/our property roll # _____ effective on _____. I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with The RM of Stanley.

Printed Name: _____

Signed: _____
Payor/Valid Signing Authority(ies)

Note: Subject to the terms of any agreement between a Payor and The RM of Stanley including their Payor's PAD Agreement, your Cancellation Notice may be provided to The RM of Stanley by way of registered mail, telephone, Internet, e-mail, fax or prepaid courier and must be provided in compliance with notice of 15 days before the debit is scheduled.

Rural Municipality of Stanley

1-23111 PTH 14, Stanley MB, R6P 0B1Ph: (204) 325-4101 www.rmofstanley.ca