



Cancellation of Tax Installment Payment Plan

Name: _____

Address: _____

Email: _____

Phone No. _____

I/We hereby give notice to Lamont County that I/We wish to withdraw from the Property Tax pre-authorized payment plan on the date of _____ for Tax Roll No(s). _____

- I/We are aware that this cancellation form must be received **15 days** prior to the next withdrawal.
- I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.
- **I/We understand that all outstanding or future outstanding amounts now become due and payable and subject to penalties in accordance with the Tax By-law.**
- Nothing in this cancellation form shall be interpreted to relieve the owner/applicant from the obligation to pay outstanding balances, including penalties, owing the Lamont County in the manner or the date or dates for payment established by the bylaws of Lamont County.

This form must be completed and signed by an owner whose name appears on the tax roll.

Signature: _____

Date: _____

Signature: _____

Date: _____

The information on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to County operations. Should you have any questions about the collection of this information please contact the Lamont County FOIP coordinator at 780-895-2233.