



P.O. Box 970 Phone (306) 931-2166  
37 Centennial Drive South Fax (306) 933-2468  
Martensville, SK S0K 2T0 [www.martensville.ca](http://www.martensville.ca)

## AUTHORIZATION FOR DISCONTINUATION FORM

TAX INSTALLMENT PAYMENT PLAN SERVICE (T.I.P.P.S.)

Applicant(s) Name \_\_\_\_\_  
(Please print)

\_\_\_\_\_

Property Address: \_\_\_\_\_ Roll No. \_\_\_\_\_

Legal Address: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Please discontinue me from the T.I.P.P.S program as of: \_\_\_\_\_ (date)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: \_\_\_\_\_

\_\_\_\_\_

\*\*\* Office use only\*\*\*

LOT: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Date Discontinued \_\_\_\_\_

Roll# \_\_\_\_\_

Initial Received \_\_\_\_\_ Initial Entered \_\_\_\_\_