

## **Property Tax Penalty Relief Request Form**

## Important Information: The purpose of this form is for a property owner to request under section 347(1) of the Municipal Government Act (MGA), that Council consider property tax penalty relief, in the form of a reduction, cancellation, refund, or deferral, in respect to municipal property tax penalties applied on the property as listed in Section B below. Section A Information about whom is making the property tax penalty relief request 1. Is the requestor the: Property Owner 2. Requestor Name: \_\_\_\_\_ 3. Requestor Phone: \_\_\_\_\_ 5. Requestor E-mail: \_\_\_\_\_ 4. Requestor Address: \_\_\_\_\_ Section B **Property information** (From your property tax notice) 6. Tax Roll Number(s): \_\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, 7. Property Address(es): \_\_\_\_\_\_, \_\_\_\_, Section C **Type of property tax penalty relief being requested** (*Please check ONE of the below boxes*) Tax Penalty Cancellation Tax Penalty Deferral **Tax Penalty Reduction Tax Penalty Refund** Section D **\$ Amount of property tax penalty relief being requested** (Enter dollar amount) \$ Section E **Reason(s) for property tax penalty relief request** (*Please list the reasons, circumstances for your request*) (Please attach additional information to this form if you require more space)


Section E	Acknowledgement & Certification
-----------	---------------------------------

By signing below, I acknowledge and certify that:

- i. I understand that for the purposes of MGA section 347(1), this request for property tax penalty relief is valid only for the properties identified in Section B of this form, and that this request applies only to tax penalties levied in respect of the *current* Taxation Year.
- ii. I understand that for the purposes of MGA section 347(1), that the decision of Council on the matter of property tax penalty relief is final, and there is no further recourse available on this matter.

Signature of Property Owner(s)

Date:

Section F Form Submission Information

Please remit this completed form to:

## FINANCE DEPARTMENT

Summer Village of Birchcliff #2 Erickson Drive Sylvan Lake, AB T4S 1P5 Phone: 403-887-2822 Email: finance@sylvansummervillages.ca

You will be contacted at a later date with details of Council's decision of your request.

Date Received:	Received By:	Property Tax Verification:	
	Dept:	Property Tax Roll #	
Notification to Taxation: Y N Owner contacted: Y N	Comments:	Tax Penalty Totals:\$Other:\$TOTAL Outstanding:\$	