



Claresholm

Tax Installment Payment Plan (TIPP)

ESTIMATED TAXES \$ \_\_\_\_\_ MONTHLY PYMTS \$ \_\_\_\_\_  
(Based on previous years taxes) (Adjusted to actual @June 1<sup>st</sup>)

I, the undersigned, wish to make application to pay my annual taxes on:

ROLL #: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ PLAN: \_\_\_\_\_

Claresholm on a monthly plan based on the following:

1. **The monthly payment shall be paid by Direct Withdrawal only on the 3<sup>rd</sup> day of each month or the next business day should the 3<sup>rd</sup> fall on a weekend or holiday. Payments to commence on January 3<sup>rd</sup> for current year's taxes.**
2. The monthly payment shall be equal to a minimum of 1/12 of the estimated taxes including frontage tax for any one year.
3. There shall be no interest or discount allowed on such payments nor shall there be any penalty levied against the unpaid portion of the taxes unless:
  - (A) The monthly payment is not made by the date mentioned above.
  - (B) The taxes and frontage tax levied in any one (1) year have not been paid in full by the thirty first (31) of December of that year.
4. In order to be eligible for participation in the upcoming year, this agreement will come into effect on or before the 24<sup>th</sup> day of December of this year and will remain in effect until such time a "Termination Agreement" is signed and submitted to the Town Office. (Form available at the front desk)
5. In the event that any of the foregoing clauses are not complied with, this agreement is considered to be cancelled and this tax account will be subject to all penalties etc., as outlined in various Bylaws of the Town of Claresholm.

NAME: (print) \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CIVIC ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Approved  
Town of Claresholm  
Abe Tinney  
C.A.O.