

Request for Property Tax Certificate

City of Wetaskiwin | 4705 50 Avenue, Wetaskiwin, AB

Mailing address: Box 6210, Wetaskiwin, AB T9A 2E9

(p) 780.361.4400 | (f) 780.352.0930 | (e) taxation@wetaskiwin.ca

Date of request: _____

Company name: _____

File / reference no.: _____

Phone: _____ Fax: _____

Email: _____

Note: Payment of \$45.63 CAD per certificate is required at the time of order (payable to the City of Wetaskiwin by cheque or by credit card — which is subject to a 2.4 per cent processing fee). In most cases, tax certificates are completed within two business days, at which time a copy of the certificate will be provided by fax or email. The original certificate will be sent via Canada Post.

Roll no.: _____

Street address: _____

Legal Description: _____

Linc no.: _____

Notes (if any): _____

Printed name: _____

Signature: _____

The personal information being requested on this form will be used to process the request for a property tax certificate and The personal information being requested on this form is being collected under the authority of section 4(c) of the Protection of Privacy Act (POPA). If you have questions about the collection, use, or disclosure of this personal information provided, please contact the City of Wetaskiwin's ATIA Coordinator at 780.361.4456, legislative@wetaskiwin.ca, or in-person at Wetaskiwin CityHall (4705 50 Avenue, Wetaskiwin, Alberta, T9A 0R8).

Name on receipt: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Email: _____

Fee amount: _____ Invoice / account number: _____

NEW A 2.4 per cent credit card processing fee will be applied to any amount paid by credit card.

Services (please select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Business licence | <input type="checkbox"/> File search request |
| <input type="checkbox"/> Tax certificate | <input type="checkbox"/> Compliance certificate |
| <input type="checkbox"/> Utility payment | <input type="checkbox"/> Development / building permit |
| <input type="checkbox"/> Other (please specify) _____ | |

I, _____, certify that I am an authorized user of this credit card and permit the City of Wetaskiwin to charge the credit card indicated on this authorization form for the service(s) and fee amount outlined above. I will not dispute the payment with my credit card company so long as the transaction corresponds to the fee amount indicated on this form.

Date: _____ Cardholder signature: _____

The above information is kept on file with the receipt. Credit card information contained below is destroyed once the payment has been processed. The personal information being requested on this form is being collected under the authority of section 4(c) of the Protection of Privacy Act (POPA). If you have questions about the collection, use, or disclosure of this personal information provided, please contact the City of Wetaskiwin's ATIA Coordinator at 780.361.4456, legislative@wetaskiwin.ca, or in-person at Wetaskiwin City Hall (4705 50 Avenue, Wetaskiwin, Alberta, T9A 0R8).

Information contained in this section (below the dotted line) is destroyed after the transaction is processed.

Name on credit card: _____

Credit card number: _____ CVV: _____

Expiry: _____