

# Property Tax Access Authorization Form



## Property Owner

Assessment Roll Number	5819 000 000 _____ 0000
Property Owner(s) Name (First, Last)	
Property Address	
Mailing Address	

Please check which of the following you authorize:

<input type="checkbox"/>	Duplicate copy of Property Tax Bill
<input type="checkbox"/>	Access to tax account information

Please mail a copy of my Property Tax Bill to:

Name (First, Last)	Telephone Number
Mailing Address (Street Number, Suite, Unit Number, City/Town, Province, Postal Code)	Effective (yyyy-mm-dd)

By signing this Property Tax Access Authorization Form, I authorize the Township of Gillies to follow my expressed wishes with regard to this form, I further agree that I will, in all cases, remain solely responsible for the Property Tax Payments, including any other fees and charges added in relation to any collection effort.

\_\_\_\_\_  
Property Owner(s) Signature

\_\_\_\_\_  
Date (yyyy-mm-dd)