

Property Tax Access Authorization Form



Property Owner

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

Please check which of the following you authorize:

<input type="checkbox"/>	Duplicate copy of Property Tax Bill – \$10.00 per bill
<input type="checkbox"/>	Access to tax account information

Name of person you are allowing access to and/or where to send a duplicate bill

Name	Telephone Number
Mailing Address	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)

Office Use:

Form must be signed in person and show photo ID. _____ (Administration Initial)

Type of ID shown: _____