



TIPS Cancellation

Folio. No.

I/We hereby request the Sun Peaks Mountain Resort Municipality to cancel my/our pre-authorized Tax Installment Payments for the next payment due
_____ 15th, 20 _____.

(This form must be received at the Municipality five (5) business days prior to the requested cancellation due date)

Property Location (Civic Address)

Daytime Phone Number

Date (YY/MM/DD)

Signature(s)

Name (Please Print)

Mailing Address (if different than above)

City

Province

Postal Code

MUNICIPALITY USE ONLY

Date Received

End

Month/Year