

Notice of PAP Cancellation

The personal information on this form is collected under the authority of the Municipal Act and will be used only to administer the Collector's (Tax) Roll.

Questions concerning the collection of personal information should be directed to: Municipal Freedom of Information and Protection of Privacy Coordinator, City of Vaughan, 2141 Major Mackenzie Drive, Vaughan, Ontario L6A 1T1, Telephone: 905-832-2281.

NOTE TO OWNER:	Mail This form to:	Tax Department 2141 Major Mackenzie Dr Vaughan ON L6A 1T1			
	or Email to:				
*This form must be before the next wi		-	eived at least 15 days	5	
Property Roll No					
	(19-digit number as sh	own on Tax Bill)			
Property Street	Address:				
	(as shown on	Tax Bill)			
I,			, would like to canc	<u>el</u> my	
(name as shown on T	ax Bill)				
pre-authorized pay	ments (PAP).				
My last withdrawal	date would be	///////	/ (month) (day)		

Signature:					
Today's Date	:	1	1		
-	year)	(month)	(day)	•	