



PROPERTY TAX RECEIPT ORDER FORM

Please complete one (1) order form per roll number

APPLICANT INFORMATION Please COMPLETE all required information			
Applicant Name:		Date:	
Mailing Address:			
City:		Postal Code:	
Email:			
Telephone Number:		Fax Number:	
PROPERTY DETAILS			
Roll Number:		Tax Account:	
Municipal Address:			
Tax Year(s):			
REQUESTED INFORMATION			FEES (per Year Requested)
Type of Request			AMOUNT (\$)
<input type="checkbox"/>	Current Owner - Property Tax Receipt		30.00
<input type="checkbox"/>	Previous Owner - Property Tax Receipt		30.00
NOTES			
<ul style="list-style-type: none"> • Current Owner - Fee will be applied to property tax account listed above and must be paid within 21 days of the issue date indicated on the Property Tax Receipt. • A penalty charged by legislation will be imposed on the first day of default, and again on the first day of each month thereafter, at the rate of 1.25% per month. • Previous Owner - Fee must be paid upon request of this receipt. • This receipt reflects all payments made against the property tax account in the calendar year indicated, including Interim Tax Bills, Final Tax Bills (includes Local Improvements and Business Improvement Area Levies) and Supplementary / Omit Billings. • This receipt is not an indication of the persons making payment against the account. The City of Windsor is not privy to the tax liability as outlined in the "Statement of Adjustments" prepared by lawyers concerning the purchase / sale of the property. • This receipt does not reflect any payments made towards interest / penalties or additional charges added to the tax account. 			
PAYMENT INFORMATION			
<p><u>Mail Completed Property Tax Receipt Order Form to:</u> The Corporation of the City of Windsor Office of the City Treasurer 410-350 City Hall Square, West., Windsor, ON N9A 6S1</p>			<p><u>Drop-Off accepted at the following location:</u> The Corporation of the City of Windsor 350 City Hall Square, West., Windsor, ON N9A 6S1 1st Floor – Customer Service Counter (Property Tax Drop Box)</p>
PLEASE MAKE CHEQUE PAYABLE TO: The Corporation of the City of Windsor			
FOR OFFICE USE ONLY			
Date & Time Received:		Reference No:	Receipt No: