



TIPS Cancellation

I/We hereby request the City of Kamloops to cancel my/our pre-authorized Tax Installment Payments for the next payment due _____ 15th, 20 _____.

(This form must be received at City Hall 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)

CITY USE ONLY	
Date Received	End
_____	_____
	Month/Year

Mailing Address (if different than above)

City Province Postal Code

If you are changing your bank account, please attach a SAMPLE cheque marked "VOID".