



TIPPS Cancellation

Roll Number

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Roll Number (on Property Tax Notice- first 9 numbers only)

Property Address: _____

Name: _____ **Phone:** _____
(Last Name, First Name) Home Work Cell

TIPPS - Date of Final Withdrawal : _____ **Signature:** _____
yyyy/mm

Reason for
Cancellation:

- Sold Property effective: _____
- Refund Requested
- Other: _____

Please submit completed form at least 2 weeks before effective date by:

Email: treasury@estevan.ca

Mail: City of Estevan, 1102 Fourth Street, Estevan, SK S4A 0W7

Fax: (306) 634-9790

For Office Use ONLY

Cancellation Received on: _____

Date Cancelled: _____ Entered by: _____
yy/mm/dd