

Tax Installment Payment Program Cancellation White City

Please complete one form for each property that is to be cancelled from the program

TO: Town of White City

RE: Tax Installment Payment Program (TIPP) Cancellation

Property Address: _____

Registered Owner(s): _____

Property Roll #: _____

I understand that cancellation requests must be received **five (5) business days** before the end of the month in order to be processed before the next withdrawal.

This request is to cancel from TIPP after the _____ withdrawal.
(Print Month)

Please Print

Applicants Name: _____

Authorized Signature: _____

Date: _____

Mailing Address: _____

Telephone: _____

Email: _____

Cancellations will not be processed without a signature.