



Deferred Payment Plan for Municipal Taxes
(Complete a separate form for each tax account if you have multiple accounts with the Town)
Please submit form via email: deferredtaxes@paradise.ca

PROPERTY INFORMATION:

Tax Account ID: _____ Location: _____

APPLICANT INFORMATION:

Owner Name: _____ Telephone #: _____

Mailing Address: _____ Email Address: _____

PAYMENT INFORMATION:

Please select current payment method and complete requested payment information:

Pre-authorized Payments (PAP) _____ Monthly PAP Amount: \$ _____

Post Dated Cheques (PDCs) _____ Number of PDCs Forwarded to Town _____
(Dated March 21 to June 30, 2020):

Amount of PDCs \$ _____
(Please specify below if different amounts): _____

APPLICANT DECLARATION:

I am requesting for the Town of Paradise to defer all tax payments until June 30, 2020.

Signature of Applicant: _____ Date: _____

(Form must be signed before submitting to to the Town of Paradise for processing.)

Office Use:

Posted by: _____ Date: _____