

RECEIPT REQUEST FORM

Not to be used for commercial purposes, ie. lawyer, mortgage company, realtor etc.

Prope	rty Owner/Tenant/Company Name(s)		n on tax/utility bills)
Phone	e Number(s):	·	. ,
Prope	rty Location:	-01	
Mailin	g Address:	Street City Street City	Postal Code Postal Code
Tax R	oll Number(s): 41-08		
Utility Account Number(s):		A/R Account Number(s):	
Requ	ested Information:		
	Tax or Utility statement of account	\$18 per year provided	
	Reprint of Tax or Utility Bill	No Charge in current year / \$18 per invoice for previous years	
	Receipt of payment	No charge in current year / purchase statement for previous years	
•	Payments can be made through o "Utility". Enter account number as Third party credit card payments t payments take 2 business days	via cash, cheque, or debit. Cheques c nline banking by creating a NEW paye 1111111. Online banking payments hrough Plastiq or Paymentus. Enter ac	e for the "Municipality of Kincardine" – "Other" or take 2 business days to process. count number as 1111111. Online credit card
l am:	☐ Property Owner ☐ Ten	ant ☐ Authorized Individual (authorization form required	☐ Executor/Trustee/POA (must provide legal documentation)
Print Name:		Signature:	Date:

Please submit in person, mail, fax, or e-mail this form and confirmation of payment method to cashier@kincardine.ca

Personal information is collected under the authority of the Municipal Act, 2001 for the purpose of creating a record to be used for authorizing release of property tax or utility account receipts and statements. Questions about the collection of the personal information may be addressed to the Clerk of the Municipality of Kincardine, 1475 Concession 5, R.R. 5, Kincardine, ON N2Z 2X6 Phone: (519) 396-3468.

Revised 2023.10

The Municipality of Kincardine

1475 Concession 5, R.R. #5, Kincardine, ON N2Z 2X6

Phone: 519-396-3468 | Fax: 519-396-8288