



PROPERTY TAX PENALTY RELIEF DECLARATION

Property Owner(s) Information

Name: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Property Details

Location: _____ Roll Number (if known): _____

Details of relief request

Please cancel the non-payment penalty levied July 1st, on the above property for the following reason:

- ☐ Critical Illness* of property owner or immediate family member*
- ☐ Death of property owner or immediate family member*

Additional Information (optional) _____

Declaration

I am a resident of Calgary. The above property is my primary residence, or I am the agent/advocate for the property owner.

I give The City of Calgary permission to verify the information provided within this request. The City of Calgary may contact me in matters pertaining to this request.

The information I have provided for this request is true and correct. Misinformation provided may result in additional penalties.

Signature

Date

INTERNAL USE

Property Tax Penalty Cancelled

Penalty Date: _____ Penalty amount to be cancelled: _____

Approved By

Date

Signature

*Critical illness and immediate family member as defined according to The City of Calgary's terms and conditions governing the eligibility of property tax penalty relief.

Personal information is collected under the authority of Sections 33 (c) and 34 of the Freedom of Information and Protection of Privacy Act (R.S.A 2000, c. F-25). The personal information will be used and disclosed for the purposes set out in this form.

DRAFT