PROPERTY TAX eBILLING REQUEST FORM

Please note that all fields containing an asterisk symbol (*) must be completed prior to submission.

***Name**	
***Email Address to Receive Tax Bills**	
***Phone Number**	**( )_____-_____**
***Effective Date**	**_____ - _____ - _____** **Year Month Day**
***Would you like to request eBilling for multiple properties?**	**Yes** ☐ **No** ☐
***Please list each roll number for which you would like to receive bills by email. If listing more than one property roll number, please include a comma between each roll number.**	

☐ *By providing my email address, I understand that I am providing permission for the municipality to send electronic correspondence by email for Property Tax Bills as outlined above.

☐ *I have the legal authority to make this request for eBilling and affirm that the information provided is accurate.

☐ *I understand that I will no longer receive my Property Tax Bills by regular mail and that failure to receive a bill does not excuse me from the responsibility of payment of that/those bill(s), nor relieve me from the liability of penalty of late payment.

***Authorizing Name (Name of Person Submitting Form)**	

Personal information is collected under the authority of the Municipal Act, 2001 for the purposes of creating a record to be used for emailing of Property Tax Bills by the Township. Questions about the collection of personal information may be addressed to the Clerk of the Township of Jocelyn.

Phone: *(705) 246-2025* ***Email:*** *admin@jocelyn.ca*