



Township of East Zorra-Tavistock

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PROPERTY ROLL PAYMENT REDISTRIBUTION TRANSFER

DATE: _____

I, _____ hereby authorize the transfer of credit in the amount of \$ _____ from,

Roll# _____ to be directed to;

Roll# _____	\$ _____
Roll# _____	\$ _____
Roll# _____	\$ _____
Roll# _____	\$ _____
Roll# _____	\$ _____
Roll# _____	\$ _____
Roll# _____	\$ _____
Roll# _____	\$ _____
Roll# _____	\$ _____
Roll# _____	\$ _____
Roll# _____	\$ _____

I understand this transfer of credit will be processed in accordance with the Township's user fee by-law and the applicable charge of \$10 per roll will be applied to my tax account for each payment redistribution transfer.

Any outstanding balance(s) will be my responsibility.

Signature: _____

ADMINISTRATION USE ONLY

DATE COMPLETED: _____

COMPLETED BY (INITIAL): _____