



Tax Penalties Waiver Request Form

TAXPAYER INFORMATION

Date: _____ Contact Name: _____

Organization (if applicable): _____ Telephone Number: _____

Mailing Address: _____ Email Address: _____

WAIVER REQUEST INFORMATION

1. Tax Roll Information

Please provide the related tax roll account numbers and penalties (and date if multiple for a tax roll account):

Tax Roll #	Penalty

Tax Roll #	Penalty

Total Tax Penalty Waiver Request: \$ _____

2. General Overview / Rationale for Requested Tax Penalty Waiver

3. Standard Criteria (if applicable)

Please indicate if any of the following situations applies to the Requested Tax Penalty Waiver (as per Policy 12-2002):

Standard Criteria	Yes / No	Notes and Comments
<u>Misapplied payments</u> Tax Payments were made on-time , however, the payments were made to the incorrect tax roll account(s) within Vulcan County .		
<u>Banking errors</u> Tax Payments were made on-time via electronic banking to Vulcan County; however, there were unexpected delays in bank processing.		
<u>Problems with mail delivery</u> Tax Payments were mailed on-time to Vulcan County; however, there were delays or other issues with the delivery of mail by Canada Post or another delivery service.		



SUBMISSION & CONFIRMATION

Confirmation of the following:

Yes / No	Submission Information
	The Taxpayer has historically had a good tax payment history where payments have typically been made in full and on-time.
	The Taxpayer has paid the tax balances, including the related tax penalties being requested for this tax penalty waiver.

By completing and signing this waiver request form, I confirm that I am an authorized representative for the Taxpayer and/or the related organization (if applicable) and that the Taxpayer is formally requesting Vulcan County to consider the waiver of tax penalties that have been issued in accordance with the applicable Tax Penalty Bylaw(s). I confirm that the information provided in this waiver request form is true and accurate to the best of my current understanding.

Print Name

Title

Date

Signature of Applicant

The personal information requested on this form is being collected under the authority of the *Freedom of Information and Protection of Privacy* (FOIP) Act and is protected by the FOIP Act. If you have any questions about the collection, contact the FOIP Coordinator at (403) 485-2241.