

Property Owner/Tenant/Company Name(s): _____
(As shown on tax/utility bills)

Property Location: _____
Street City Postal Code

Mailing Address: _____
Street City Postal Code

Phone number(s): _____ Email: _____

Roll Number: 41-08 _____ Utility Account Number: _____ AR Number: _____

Utilities (choose one):

- Transfer between accounts Amount: \$ _____ Transfer to: _____
- Refund of overpayment Amount: \$ _____

Property Taxes (choose one):

- Transfer between accounts Amount: \$ _____ Transfer to: _____
- Refund of overpayment Amount: \$ _____
- Property has sold, refund payment Closing Date: _____ Amount: \$ _____
Required: Attach Statement of Adjustments

Method of refund: Cheque EFT (fill out attached form and provide void cheque)

By signing this form, I/we agree to the following:

- The Statement of Adjustments was completed upon closing of the sale and has not been changed or updated.
- To authorize the Municipality of Kincardine to make the revisions as requested above with respect to my/our refund or balance transfer request.

I am: Property Owner Tenant Authorized Individual (authorization form required) Executor/Trustee/POA (must provide legal documentation)

Print Name: _____ Signature: _____ Date: _____

Please submit in person, mail, fax or scan and e-mail this form 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 property tax and utility accounts to issue refunds or transfer credits between accounts. 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