



CITY OF OWEN SOUND 2010 FINAL TAX BILLING INFORMATION

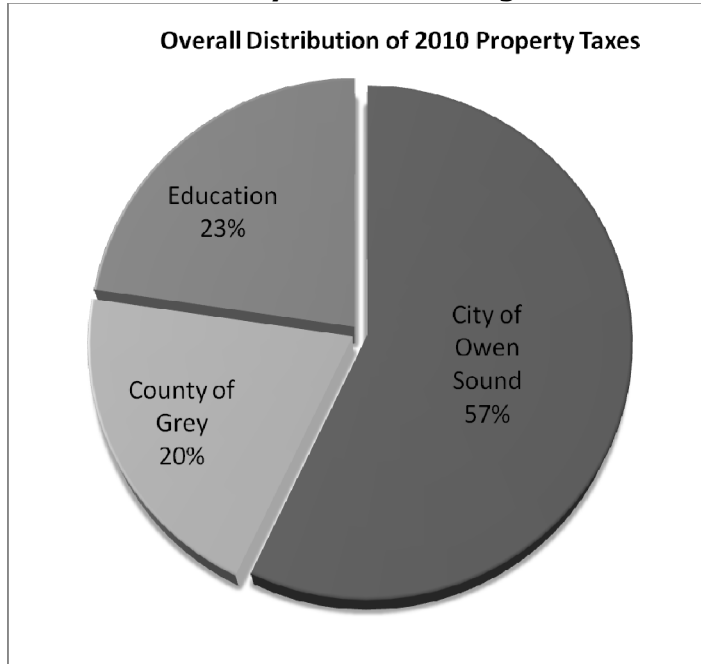
Enclosed is your City of Owen Sound Final Tax Bill for 2010:

The First Instalment is due on July 30, 2010

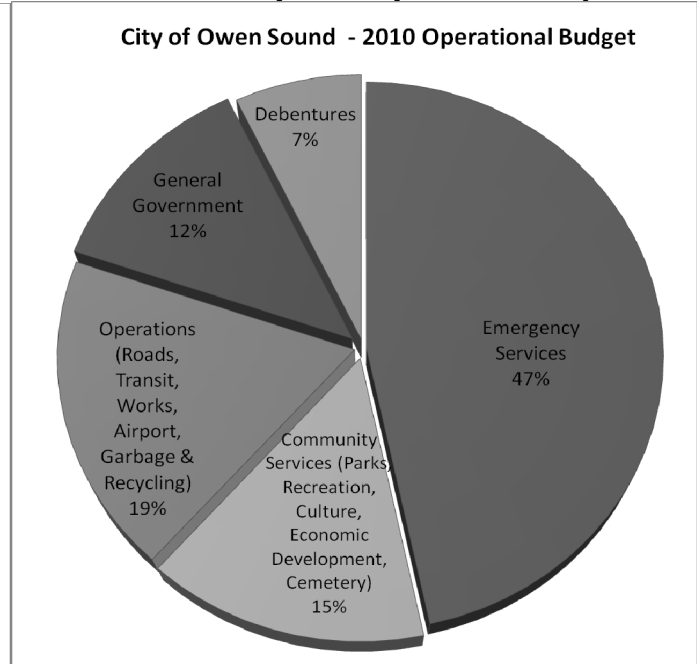
The Second Instalment is due on September 30, 2010

Your tax dollars at work:

Where your tax dollar goes:



Where your City taxes are spent:



PAYMENTS: You have many ways to pay your property tax bill.

- Pre-Authorized Debit (PAD) Plan – see details below
- Process your payment through your bank via Internet or Telephone banking.
- Mail your payment. Please ensure you enclose the appropriate stub with your cheque.
- Deposit payment in our drop box located at the front door of City Hall. **Please, No Cash In The 'Drop Box'.**
- You may also pay your property taxes by Cash or Debit directly at our office.

If paying by cheque we encourage you to save time by enclosing two cheques in one envelope to pay your 1st and 2nd instalment. Post-date your 2nd cheque to Sept. 30, 2010 and we will process it on that date.

If you prefer we have two (2) Pre-Authorized Debit (PAD) Plans available for you to conveniently pay your property taxes. More information is available on our website @ www.owensound.ca .

- With the 'INSTALMENT ONLY' PAD Plan, each of your four (4) yearly instalments can automatically be deducted from your bank account.
- With our 'MONTHLY BUDGET' PAD Plan, your property taxes can be paid over a ten (10) month period and will automatically be deducted from your bank account. (i.e., January to October).

We are able to add these payment plans to your account at various times throughout the year. Please see the reverse for the PAD enrollment form or print from our website @ www.owensound.ca .

RECEIPTS: Your cancelled cheque will be your receipt of payment. If an additional receipt is required please enclose your complete tax bill along with a self addressed stamped envelope with your payment.

PENALTY / INTEREST: As provided by the Municipal Act, 2001 and City By-Law penalty/interest will be charged at a rate of 1¼ % per month. These late payment charges may be added to tax accounts on the 1st day of default as well as the 1st day of each month thereafter, until the account is paid in full. **Payments are applied to all interest/penalty first and then to the oldest unpaid tax amount.**

Although some taxpayers may have appealed their property's assessed value the appeal process does not relieve the taxpayer of the responsibility to pay their Final tax levy on the required due dates (otherwise, late payment charges will be incurred).

CITY HALL BUSINESS HOURS - MONDAY TO FRIDAY 8:30 AM TO 4:30 PM

If you have questions regarding your 2010 Final Tax Bill or information contained in this insert, please feel free to contact our Tax Department at (519) 376 - 4440 x 1249 or 1248

OTHER INFORMATION: If you have questions regarding your property assessment please contact the Municipal Property Assessment Corporation - MPAC's Customer Service Office @ 1-866-296-6722 or in person at the Owen Sound office located at 900 10th St. W., Unit 2, Owen Sound.

If you have recently sold your property and you are no longer responsible for the property taxes levied against it, please return the tax bill to our office indicating when the property was sold.

Applications, Forms and Taxation Information are available from our Web Site: www.owensound.ca. Once at our web site, select "Get tax information" from the "I want to..." bar on the right of the screen. Or you can visit our Service Owen Sound counter located on the 1st Floor of City Hall at 808 2nd Ave East.

Please Return to:
Tax Department
 c/o City Of Owen Sound
 808 2nd Ave East
 Owen Sound ON N4K 2H4



For more information:
 Telephone: 519-376-4440 x1249
 Facsimile: 519-371-0511
 E-mail: dstephens@owensound.ca
 Web: www.owensound.ca

Owen Sound

CUSTOMER AGREEMENT & AUTHORIZATION FORM

PRE-AUTHORIZED DEBIT (PAD) PLAN FOR CITY OF OWEN SOUND PROPERTY TAXES

****TAXES MUST BE UP TO DATE TO BE ELIGIBLE FOR ONE OF THE PAYMENT PLANS****

PLEASE SELECT A PLAN:

<input type="checkbox"/> MONTHLY BUDGET PLAN - Ten (10) Payments	<input type="checkbox"/> INSTALMENT ONLY PLAN - Four (4) Payments
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PLEASE PRINT	PROPERTY AND TAXPAYER INFORMATION:
Roll Number:	42 - 59 - _ _ _ - _ _ _ - _ _ _ - _ _ _ - 0000
Municipal Address Of Property:	_____

Assessed Owner's Name(s):	_____

Type of property:	Personal <input type="checkbox"/> Business <input type="checkbox"/>
Owner's Mailing Address:	_____
	(City) (Province) (Postal Code)
Owner's /Contact's Telephone Number:	(_ _ _) - _ _ _ - _ _ _ - _ _

FINANCIAL INSTITUTION INFORMATION:

Financial Institution (FI): _____

Mailing Address: _____

(City) (Province) (Postal Code)

FI Account Number : _____ **FI & Transit Number :** _____

Branch = 5 digits, FI = 3 digits

BE SURE TO ATTACH A "VOID" CHEQUE TO THIS AUTHORIZATION FORM

I/We authorize the City of Owen Sound, and the financial institution designated, to begin deductions as per my/our instructions for regular monthly recurring payments or one time payments from time to time, for payment of all charges arising under my/our City of Owen Sound Property Tax account(s). Regular monthly payments will be debited on the last working day of each month. Instalment plan customers will have their payments debited on the instalment due date. The City of Owen Sound will provide written notice of the amount for the debit in advance of the debit date(s) This authorization remains in effect until the City of Owen Sound Tax Department has received written notification from me/us of its change or termination. This notification must be received in writing at least 10 days prior to the next scheduled debit. I/We have certain recourse rights if any debit does not comply with this agreement. I/We have the right to reimbursement for any PAD that is not authorized or is inconsistent with this PAD agreement. To obtain further information I/we may contact my/our financial institution or visit cdnpay.ca

***** IMPORTANT NOTE: If Multiple Signatures Are Required To Issue A Cheque Or Authorize A Debit On The Bank Account Being Used For The PAP Plan, Please Ensure They All Sign Below.**

*** Authorized Signature(s) _____ Date: _____

*** Authorized Signature(s) _____ Date: _____