



The Town of Flatrock
663 Windgap Road
Flatrock, NL
A1K 1C7

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Fax (709) 437-6311
info@townofflatrock.com

**2018 PROPERTY TAX
PAYMENT ARRANGEMENT**

NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

TYPE OF PAYMENT:

____ Post Dated Cheque ____ Visa ____ MasterCard ____ Debit ____ Cash ____ Online banking

Credit Card #: _____

Expired Date: _____

Amount: _____

Date of Payment: _____

I, _____, do agree to make bi-weekly/monthly payments by the method checked above. I also give permission to the Town of Flatrock to use my credit card information given above. (If this is the preferred method of payment). I realize that if my credit card expires, it is my responsibility to contact the town with the new information.

Signed: _____ Date: _____

Witness: _____ Date: _____