



Town of Flatrock
663 Windgap Road
Flatrock NL
A1K 1C7

2019 PROPERTY TAX PAYMENT ARRANGEMENT

NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

TYPE OF PAYMENT:

CHEQUE VISA MC DEBIT CASH ONLINE BANKING

PLEASE CONTINUE MONTHLY PAYMENTS EVERY YEAR UNTIL ADVISED: YES NO

PLEASE SEND RECEIPT VIA EMAIL: _____ YES NO

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: _____