



Postal Drawer 640
 VEGREVILLE, ALBERTA T9C 1R7
 (780) 632-2606

TAX ASSESSMENT & NOTIFICATION
PAPERLESS AUTHORIZATION FORM

Please provide the following information. When completed and signed you may submit it in person at the Town of Vegreville Administration office, by fax or by emailing it to kmacdonald@vegreville.com

I hereby authorized the Town of Vegreville to email my **Assessment and Tax Notice Statement**, which will remain in effect until written notice has been received in such manner as to afford reasonable time to act on it.

By registering for this service, I understand that I will no longer receive a paper statement.

In the event that the email address(es) below change(s), I understand that I am responsible for notifying the Town of Vegreville in a timely manner. I also understand that I am responsible for any late fees that may be incurred due to the inability to deliver a notification to an invalid email address(es).

SERVICE ADDRESS	TAX ROLL NUMBER
LAST NAME OF OWNER(S)	FIRST NAME OF OWNER(S) INITIAL
OWNER(S) E-MAIL ADDRESS	PHONE NUMBER
SIGNATURE	DATE

FOR MULTIPLE OWNERS (PLEASE FILL OUT THE BOXES BELOW)

LAST NAME OF OWNER(S)	FIRST NAME OF OWNER(S) INITIAL
OWNER(S) E-MAIL ADDRESS	PHONE NUMBER
SIGNATURE	DATE

LAST NAME OF OWNER(S)	FIRST NAME OF OWNER(S) INITIAL
OWNER(S) E-MAIL ADDRESS	PHONE NUMBER
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