

APPLICATION FORM

Change of Address / TIPP Program / Utility PAP Program

Roll No: _____

Utility Account No: _____

Property Address: _____

Name: _____

Mailing Address: _____

Postal Code: _____

Phone No: _____

I authorize the City of Steinbach and the financial institution shown on the enclosed VOID cheque to make deductions from my account for payment(s) listed above.

This authority shall remain in effect indefinitely unless revoked by the applicant or the City of Steinbach. NSF charges will apply to all dishonoured payments.

Authorized Signature(s): _____

Date: _____

Please return this form, along with a VOID cheque, to City Hall at 225 Reimer Avenue or by mail to:

City of Steinbach
225 Reimer Avenue
Steinbach, MB
R5G 2J1

If you have any questions about the TIPP Program or Utility PAP Program that are not answered on the website, please call (204) 326-9877.

Please attach sample cheques marked "VOID" for the TIPP & PAP Programs.