Saskatoon TIPPS Cancellation				_Roll Number:			
Fax: Mail: Email:	Mail: Box 1788, Saskatoon, SK S7K 8E1			Property Address: Name: Last Name, First Name Daytime Phone Number:			
Cancellation Reason:		old Property/Possession				nal TIPPS Withdrawal: awn on 1 st each month (Jan - Dec) (Handwritten):	1
OFFICE USE ONLY Date Entered	l:	•			Email d:	Entered By:	