



PROPERTY TAX REFUND REQUEST

Return this form by:

Mail: City of Saskatoon, Box 1788, Saskatoon, SK S7K 8E2
Fax: (306) 975-7975 **Email:** revenue@saskatoon.ca
In Person: Customer Service, Corporate Revenue, City Hall, 222 3rd Ave N

PROPERTY ADDRESS: _____

ROLL NUMBER: _____

REFUND AMOUNT REQUESTED: _____

REASON FOR REQUEST: _____

POSSESSION DATE (Statement of Adjustment required-please attach): _____

SIGNATURE: _____

REQUEST MADE BY (PRINT): _____ **DATE:** _____

DAYTIME PHONE NUMBER: _____ **EMAIL:** _____

REFUND CHEQUE MADE TO NAME(S): _____

MAILING ADDRESS FOR REFUND CHEQUE: _____

Office Use Only:

Refund to:

- Prior Owner
- Current Owner
- Lawyer
- Mortgage Co.
- Other: _____

Reference on cheque:

- Mortgage: _____
- File No: _____
- Other: _____

If Duplicate Payment, approval obtained from:

- Owner
- Mortgage Co.
- Lawyer

Date of Tax Trans: _____

Approval required

Approved _____

Notes: _____
