



TAX NOTICE  
CONSENT FORM

01 Crowfoot Drive  
TR 374 and HWY 12

P: 403.882.3211 F: 403.882.3560  
[reception@countypaintearth.ca](mailto:reception@countypaintearth.ca)

County of Paintearth No. 18  
Tax and Assessment Department  
Box 509  
Castor, AB T0C 0X0

I/We, \_\_\_\_\_

Acknowledge that I/we are the titled owners of the said property and hereby give my/our annual consent to the County of Paintearth No. 18 to send a copy of my/our Taxation Notice for the following property:

Legal Land Description: \_\_\_\_\_

Roll Number : \_\_\_\_\_

To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature