

# Transfer Request

## Assessment and Taxation



### 1 Account Information

I request a transfer:

<b>From Account:</b> _____ <b>Property Address/ Legal Description:</b> _____ _____		<b>To Account:</b> _____ <b>Property Address/ Legal Description:</b> _____ _____
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**Transfer Amount:** \_\_\_\_\_

**Owner(s):** \_\_\_\_\_  
If the owner is a corporation, include the corporation name and the name of the authorized representative

**Telephone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

### 2 Signature

Owner/Authorized Signature	Date
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Owner/Authorized Signature	Date
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**Submit this form by:**

**Mail:** PO Box 1935 Edmonton AB, T5J 2P3

**Email:** taxaccounting@edmonton.ca

<b>Office Use Only</b>	Check Duplicate _____	Owners _____	Payment Amount _____
	Land Title _____	Address _____	MPP Email _____
	Tax Certificate _____	Amount _____	Posse _____

Personal information on this form is collected in accordance with the Municipal Government Act and is protected by the Freedom of Information and Protection of Privacy Act (FOIP). If you have any questions about the collection and use of information, please contact 311 (780-442-5311 outside Edmonton).

**QUESTIONS? Visit [edmonton.ca/taxes](http://edmonton.ca/taxes) • call 311 (780-442-5311) • email [taxaccounting@edmonton.ca](mailto:taxaccounting@edmonton.ca)**