



Comité de gestion
de la taxe scolaire

DE L'ÎLE DE MONTRÉAL

PROXY FORM – SCHOOL TAX

(Please complete in BLOCK LETTERS)

Account number(s):

Location of property(ties):

(use a separate sheet for any additional properties)

I, _____
(last name, first name -occupation if required)

(name of company if required)

hereby authorize the CGTSIM to transmit to _____
(last name, first name -occupation if required)

(name of company if required)

any information about the school tax for the property(ties) mentioned above.

Signed at _____
(city) (yyyy – mm – dd)

(name) (signature)

(telephone) (e-mail)

This proxy is valid from _____
(yyyy – mm – dd)

and ends _____
(yyyy – mm – dd)

V2018-05

Please send this document duly completed and signed to CGTSIM :

- by mail : Comité de gestion de la taxe scolaire de l'île de Montréal (CGTSIM)
P.O. Box 700, Chabanel station
Montreal, QC H2N 0B6
- by e-mail : school.tax@cgtsim.qc.ca
- by fax : 514 384-1988