

Certification of pool removal

Information for the property		
File n°:		
Owner's name :		
Address :		
-		
Telephone nº:		
I hereby certify that I am is no pool on the property	the owner of the above-mentioned building and that the in question.	ere
Owner's signature :		
Date:		
	npleted to the City of Gatineau before July 1^{rst} of this year to receive the credit a er July 1^{rst} of this year, the changes will take effect for the billing of the following	
		6 /

By mail:

Ville de Gatineau Service des finances Division revenus C. P. 1970, succ. Hull Gatineau (Québec) J8X 3Y9

By fax:

Service des finances Division revenus 819 243-2380

By email:

finances@gatineau.ca

In person:

Centre de services d'Aylmer
181, rue Principale
Centre de services de Buckingham
515, rue Charles
Centre de services de Gatineau
144, boul. de l'Hôpital
Centre de services de Hull
775, boul. de la Carrière
Centre de services de Masson-Angers
57, chemin de Montréal Est

Note: The City of Gatineau reserves its right to inspect the property at any time.