

CITY OF PORT COQUITLAM

TAX PREPAYMENT PLAN  
CHANGE FORM

Date: \_\_\_\_\_

Registered Owner(s) Name(s): \_\_\_\_\_ Tel. No: \_\_\_\_\_

\_\_\_\_\_ Tel. No: \_\_\_\_\_

Email address: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

- Modify - banking information effective \_\_\_\_\_  
(for accuracy of information, please attach a specimen cheque marked "void")
- Modify - monthly PAP amount to \$ \_\_\_\_\_ effective \_\_\_\_\_
- Cancel effective \_\_\_\_\_

Note:

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

\_\_\_\_\_  
Registered Owner's Signature

For Office Use Only:

Received by: \_\_\_\_\_

PAWS: \_\_\_\_\_

Posted on: \_\_\_\_\_

Posted by: \_\_\_\_\_

ROLL: \_\_\_\_\_

**Finance / Taxes**

2580 Shaughnessy Street, Port Coquitlam, BC, Canada V3C 2A8

Tel: 604-927-5425 Fax: 604-927-5401

Email: [taxes@portcoquitlam.ca](mailto:taxes@portcoquitlam.ca)

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