

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

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