

**CITY OF PORT COQUITLAM
TAX PREPAYMENT PLAN
CHANGE FORM**

Date: _____

Registered Owner(s) Name(s): _____ Tel. No: _____

_____ Tel. No: _____

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: _____

Posted on: _____

Posted by: _____

ROLL: _____