

Change of Depositor Information Form

Permit Number(s): _____ Damage Deposit(s): \$ _____

Civic Address: _____

Original Depositor Name(s): _____

Original Depositor's Mailing Address: _____

I/We, the undersigned, authorize the District of West Vancouver to reimburse the held Damage Deposit(s) in the total amount above to the amended payee name and/or mailing address as follows:

Current Depositor Name(s): _____

Current Depositor's Mailing Address: _____

Please Note: Should the original depositor be two or more names, changes must be authorized by both or all individuals. If the original depositor is a business or company, only an authorized signatory can sign for any changes and supporting documentation confirming them as the registered director(s) is required.

Signature of Original Depositor

Date

Signature of Original Depositor
(second name if applicable)

Date

INTERNAL | Verified by DWV Staff Member: _____
Supporting documentation received (if applicable)

Freedom of Information and Protection of Privacy Act Notice: personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act section 26(c) and will be used for the purpose of processing your Change of Depositor. If you have any questions about the collection and use of this information please contact Legislative Services, Records and Information Management Coordinator at 604-921-3497.