



CHANGE OF MAILING ADDRESS

If you want your mailing address changed, please complete this form, sign it and return to the Finance Department.

Name: _____

Civic Address: _____
 West Vancouver, BC

Please change My Address Effective _____ / _____ / _____
 Year Month Day

Former Mailing Address:

Current Mailing Address:
 & Tenants name if applicable: _____

_____ Date: _____ / _____ / _____
 Signature Year Month Day

Telephone: _____ Email: _____

Internal Use Only			
<input type="checkbox"/> BC Assessment	<input type="checkbox"/> Taxes	<input type="checkbox"/> Paws	
<input type="checkbox"/> Utility : _____		<input type="checkbox"/> Folio : _____	
Copy – Finance Department		Copy – BC Assessment Authority	