



**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: \_\_\_\_\_

<b>Internal Use Only</b>			
<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	