

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.

Printed Name of Original Depositor

Signature of Original Depositor

Date

Printed Name of Original Depositor
(second name if applicable)

Signature of Original Depositor
(second signature if applicable)

Date

INTERNAL | Verified by DWV Staff Member: _____

Supporting documentation received (if applicable)

Freedom of Information and Protection of Privacy notification: Your personal information is collected by the District of West Vancouver under section 26(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of processing your Change of Depositor Form. If you have any questions regarding the collection and use of this information, please contact the Privacy Officer at foippa@westvancouver.ca or 604-921-3497.

PLANNING, DEVELOPMENT AND ENVIRONMENT SERVICES

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westvancouver