

Signature \_\_\_\_\_

## **CHANGE OF DETAILS**

MAILING ADDRESS: Town of Rocky Mountain House Box 1509 Rocky Mountain House, AB T4T 1B2 propertytaxes@trmh.ca

## STREET ADDRESS:

5116 – 50 Avenue Rocky Mountain House **HOURS** Monday to Friday 8:30 a.m. – 4:30 p.m. **PHONE** 403-845-2866 **FAX** 403-845-3230

TAX ROLL		SERVICE ADDRESS	5				
PROPERTY OWNE	ER(S) NAME						
DATE OF NOTIFIC	ATION	Pł	HONE NUMBER(s)				
*The name on tit	S Has the name be le must be changed ints. It is the respo	l or updated with A	Alberta Land Title	office before	changes can oc		-
CURRENT NAME			NEW NA	ME			
	IENTATION ATTACH						
*It is the respons		rty owner(s) to ens	sure that any add	ress changes or	updates are co	mpleted with A	
CITY				PROVINCE	POSTAL C	ODE	
PAYMENT DETA	ILS - UPDATES OR C	HANGES FOR TIPP					
□ Accoun □ Add/De	en cheque marked " t Verification Letter crease my monthly y monthly payment	from Financial Inst TIPP amount		tive	,2	0	

Office use only Date \_\_\_\_\_\_ Identity Verified \_\_\_\_\_

Signature \_\_\_\_\_

**FOIP Notification**: The personal information you provide on this form is being collected under the authority of the *Freedom of Information and Protection of Privacy Act* and is used for purposes of collecting of property tax payments. Questions about the collection or use of this information can be directed to the Town of Rocky Mountain House FOIP Coordinator at 403-845-2866.