



CHANGE REQUEST FORM

Category	<input type="checkbox"/>	Property Taxes – Roll #:		
	<input type="checkbox"/>	Utilities – Account #:		
	<input type="checkbox"/>	Accounts Receivable - Account #:		
	<input type="checkbox"/>	Business License – Account #		
Applicant Information	Applicant:			
	Address:			
	Mailing Address:			
	Town/City:		Province:	Postal Code:
	P:		E:	
	<input type="checkbox"/> Please email invoices			
	<input type="checkbox"/> I understand to legally update my mailing address I must contact Alberta Land Titles			
Banking Info	<input type="checkbox"/>	Void Cheque		
	<input type="checkbox"/>	Financial Institution Form		
	Please include with this form			
Payment Cancellation	<input type="checkbox"/>	Property Taxes		
	<input type="checkbox"/>	Utilities		
	<input type="checkbox"/>	Accounts Receivable		
	Any outstanding property taxes will be subject to the terms and penalties from Bylaw 1164			
Applicant Authorization	<i>I have read, understand and agree to the Terms & Conditions of the Monthly Payment Plan.</i>			
	Signature of Applicant		Date	

This personal information is being collected under the authority of the Municipal Government Act, RSA 2000, Chapter M-26, and will be used for administering the affairs of the Town of Hinton and for the provision of services. This information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy (FOIP) Act, RSA 2000, Chapter F-25. If you have any questions about the collection of this information, please contact the Town of Hinton FOIP Coordinator at 780-740-8059.

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