



## Notification of Changes

Splatsin Property Tax Department

Person requesting change

<b>First:</b>	<b>Last:</b>
<input type="text"/>	<input type="text"/>
<b>Phone:</b>	<b>Email:</b>
<input type="text"/>	<input type="text"/>

Change of mailing address (if applicable)

<b>Old mailing address:</b>	<b>New mailing address:</b>	<b>Date of change:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Change of primary contact (if applicable)

<b>Old primary contact:</b>	<b>New primary contact:</b>	<b>Date of change:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Change of Ownership (if applicable)

<b>Old Owner:</b>	<b>New Owner:</b>	<b>Date of change:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Notes or additional information:**

<input type="text"/>
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I certify that the information provided in the form is true, accurate and complete. I understand that pursuant to 'Splatsin First Nation Property Taxation Law, 2011', a person who knowingly provides false or misleading information commits an offence.

I have read and agree to the above conditions.

<b>Signature:</b>	<b>Date:</b>
<input type="text"/>	<input type="text"/>