



Department of
Finance
Taxation and
Property Records

Request for Change of Assessed Owner's Name or Address

(Pursuant to Section 18 of the Prince Edward Island *Real Property Assessment Act* R.S.P.E.I. 1988 and
Section 12 of the Prince Edward Island *Real Property Tax* R.S.P.E.I. 1988)

Mail to:
Department of Finance
Taxation and Property Records
PO Box 1150, Charlottetown, PE C1A 7M8
Tel: (902) 368 4070 Fax: (902) 368 6164

Deliver to:
95 Rochford Street
Shaw Building, 1st Floor, South
Charlottetown, PE C1A 3T6
or: any Access PEI Centre

Website: www.princeedwardisland.ca Email: taxandland@gov.pe.ca

Freedom of Information and Protection of Privacy

Personal information on this form is collected under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of tax administration and enforcement. Questions on the collection and use of this information can be directed to the Manager, Tax Administration and Compliance Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

Complete this form when the name or address of a property owner is being corrected.

1. Indicate whether owner's name or address is being added, changed or deleted. Add Change Delete

Reason: _____ **Effective Date (mm/dd/yyyy):** ____/____/____

2. List the properties that will be affected by this request (attach additional list if required).

| Property Number | Location | Property Number | Location |
|-----------------|----------|-----------------|----------|
| 1. _____ | _____ | 3. _____ | _____ |
| 2. _____ | _____ | 4. _____ | _____ |

3. Present Name and Address of Property Owner

Name: _____

Mailing Address: _____

City, Town, Village: _____ Province: _____ Postal Code: _____

4. New Name and Address of Property Owner

Name: _____

Mailing Address: _____

City, Town, Village: _____ Province: _____ Postal Code: _____

5. Requested by

Name: _____

Mailing Address: _____

City, Town, Village: _____ Province: _____ Postal Code: _____

Telephone: _____ E-mail: _____

6. Authorization

I authorize the changes to the assessed owner's name or address as outlined in this request.

_____ Date _____ Property Owner's Signature

For Office Use Only Date entered: _____ Entered by: _____