



Department of
Finance
Taxation and
Property Records

Request for Change of Address

(Pursuant to the Prince Edward Island *Real Property Assessment Act*, *Revenue Tax Act*,
Revenue Administration Act and *Gasoline Tax Act* R.S.P.E.I. 1988)

Mail to:

Department of Finance,
Taxation and Property Records
PO Box 1150, Charlottetown, PE C1A 7M8
Tel: (902) 894 0341 Fax: (902) 368 6164

Deliver to:

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

Web site: www.taxandland.pe.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, Corporate and Tax Administration Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

Complete this form when an address correction is required for property owners, registered vendors, marked fuel permits, revenue tax exemption permits and/or GeoLinc Plus users.

1. Name: _____

2. GST or federal business number (BN) (if applicable): _____

3. Indicate reason and effective date for address change.

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

4. Please fill out all applicable information to which the address change will apply:

i. List properties that will be affected by this request

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

(attach additional list if required)

ii. Vendor Registration Information

Environment Tax Number: _____

Legal Business Name: _____

iii. Marked Gasoline/Diesel Oil Permit Information

Marked Gasoline/Diesel Oil Permit Number: _____

iv. GeoLinc Plus Information

Username: _____

Email: _____

5. Previous Address

Mailing Address: _____
City, Town, Village: _____ Province/State: _____ Postal Code/ZIP: _____

6. New Address

Mailing Address: _____
City, Town, Village: _____ Province/State: _____ Postal Code/ZIP: _____

7. Requested by

Name: _____
Mailing Address: _____
City, Town, Village: _____ Province/State: _____ Postal Code/ZIP: _____
Telephone: _____ Email: _____

8. Authorization

I authorize the changes to the address as outlined in this request.

Date Signature

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

Version française également disponible