



Department of  
Finance  
Taxation and  
Property Records

## Vendor Request to Update Permit Numbers

### 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 Services and Compliance Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

**Mail to:**

Department of Finance  
Taxation and Property Records  
PO Box 1150 Charlottetown, PE C1A 7M8

**Deliver to:**

95 Rochford Street  
Shaw Building, 1<sup>st</sup> Floor South  
Charlottetown, PE, C1A 3T7

Tel: (902) 368-4070 Fax: (902) 368-6164

Web site: [www.princeedwardisland.ca](http://www.princeedwardisland.ca)

Email: [taxandland@gov.pe.ca](mailto:taxandland@gov.pe.ca)

This form is to be completed when vendors are requesting updated permit information.

**Please have the client sign below before the requested information is released.**

### Section A - Request for Information

Name:

Business Name:

Address

City/Town/Village:

Province:

Postal Code:

Telephone: ( )

Fax: ( )

Email:

### Section B - Client Record Information

To receive the new permit numbers, you must provide us with the permit numbers in your client records. Taxation and Property Records will match the old permit number to the new permit number for each record you provide.

1. How many permit numbers need updating?: \_\_\_\_\_

2. What electronic format can you provide your permit numbers:

ASCII Delimited

Microsoft Excel

Other: \_\_\_\_\_

3. How will you be providing your information?      Email       CD/DVD       USB

While care has been taken to ensure the best possible quality, I understand that the data may not be free of errors or omissions, and Taxation and Property Records are not responsible for any losses, claims, damages, actions, cause of action, costs or expenses that result from loading the data, including transmission of computer viruses.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Section C - For Office use only

Received by:

Request Status: Approved  Denied

Date Received:

Type of Format Received:

Comments:

Date Completed: