

CITY OF MOOSE JAW TAXATION CHANGE FORM



REASON FOR CHANGE

- | | |
|---|--|
| <input type="checkbox"/> New Owner | <input type="checkbox"/> Change of Mailing Address |
| <input type="checkbox"/> Change of Name | <input type="checkbox"/> Change of Phone Number |
| <input type="checkbox"/> Change of School Support | Effective Date: _____ |

Civic Address of Subject Property: _____

Roll Number: _____

REGISTERED OWNER NO. 1	Share of Ownership	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	School Support	<input type="checkbox"/> Separate
							<input type="checkbox"/> Public
Name (as shown on title)				Mailing Address			
City		Province		Postal Code			
Signature				Home () _____			
				Cell () _____			
				E-mail _____			

REGISTERED OWNER NO. 2	Share of Ownership	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	School Support	<input type="checkbox"/> Separate
							<input type="checkbox"/> Public
Name (as shown on title)				Mailing Address			
City		Province		Postal Code			
Signature				Home () _____			
				Cell () _____			
				E-mail _____			

REGISTERED OWNER NO. 3	Share of Ownership	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	School Support	<input type="checkbox"/> Separate
							<input type="checkbox"/> Public
Name (as shown on title)				Mailing Address			
City		Province		Postal Code			
Signature				Home () _____			
				Cell () _____			
				E-mail _____			

REGISTERED OWNER NO. 4	Share of Ownership	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	School Support	<input type="checkbox"/> Separate
							<input type="checkbox"/> Public
Name (as shown on title)				Mailing Address			
City		Province		Postal Code			
Signature				Home () _____			
				Cell () _____			
				E-mail _____			