



CITY OF PITT MEADOWS
12007 Harris Rd
Pitt Meadows, B.C. V3Y 2B5
Tel #: 604-465-5454 Fax #: 604-465-2404

PRE AUTHORIZED PAYMENT

NOTICE OF CHANGE OF WITHDRAWAL AMOUNT

PLEASE COMPLETE AND RETURN TO THE TAX DEPARTMENT:

NAME: _____

CIVIC ADDRESS: _____

PHONE NUMBER: _____

FOLIO/ROLL#: _____

CHANGES ONLY:

I, _____ do hereby authorize the City of Pitt Meadows to **adjust** my monthly property tax pre-payment plan to \$ _____ (amount) per month commencing _____ (month) _____ (year).

Date

Signature of Property Owner