



WEB www.rockyview.ca **EMAIL** tax@rockyview.ca

CUSTOMER INFORMATION									
Name:									
Municipal address:									
				Town			Province		Postal Code
Mailing address: (if different from above)									
				Town			Province		Postal Code
Roll number:				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Type of account: <input type="checkbox"/> Personal <input type="checkbox"/> Business		
Phone:				Alternate phone:					
Email address:									
Effective date:									

3. Bank account number:

FinServ 22-1005 © Rocky View County