

Assessment LinkBC

Registration Form

Contact Name: _____

Representing (municipality/regional district):

Position: _____

Department: _____

Mailing Address: _____

City Province Postal Code

Phone: () Local: _____

Fax: () _____

e-mail: _____

BCEID User ID: _____

BCEID Account Administrator: _____ Phone: _____

Please return to:

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BC Assessment
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Victoria, BC V8T 4Y2

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