



Change of Mailing Address Request

The mailing address change is effective:

- Immediately
 _____ (Date)

Service Address /(s) _____

Old Mailing Address			
Name /(s)			
Street			
New Mailing Address			
Name /(s)			
Street			
City/Town			
Province/Territory		Postal Code	
Phone Number		Alternate Phone Number	
Email Address			

Please specify which departments,

_____ Property Taxes

_____ Utilities

_____ Accounts Receivable

Signature /(s) _____

For Office Use Only			
Customer ID (1)		Change Date	
Customer ID (2)		Completed By	