

Change of Mailing Address Form

FOR UTILITIES AND / OR TAX

Name (Please Print): _____

Email: _____

Phone No. (Res.): _____

Phone No. (Cell): _____

utility account/ tax roll checked off below.

(Please check one or both)

☐ For Utility Account No. _____.

and/or

☐ For Tax Roll No. _____.

New Mailing Address

APT/UNIT # _____

ADDRESS _____

CITY _____

PROVINCE _____

POSTAL CODE _____

EFFECTIVE DATE _____

- **This form must be completed and signed by an owner or occupant whose name appears on the utility bill or tax roll whichever applies.**

Signature: _____

Date: _____

Signature: _____

Date: _____