

MAILING ADDRESS CHANGE NOTICE

☐ **Property Tax Account**

☐ **Accounts Receivable Account**

☐ **Utility Account**

☐ **Business License Account**

Owner Name:

Roll or Account #:

New Mailing Address:

Phone #:

Owner Signature:

Date:

Mailing address changes must be signed by the registered property owner or by an authorized representative (enclose documentation if applicable).

Please complete and return the signed form by mail, fax or e-mail.

Personal information on this form is collected in accordance with the Municipal Government Act, Section 329(b), and is protected by the *Freedom of Information and Protection of Privacy Act*.

FOR OFFICE USE ONLY	
Date Received:	Date Approved:
Received by:	Approved by: