



Request for Address Change

Assessment Account Number: _____

Name: _____

Attention: _____

New Address:

Address Format: Canadian US Standard International

Civic #: _____

Street Name: _____ Street Type: _____
(Avenue/Road/Etc)

Building Type: Apartment Suite Unit Unit/Apt #: _____

Address 1: _____

Address 2: _____
(P.O. Box/RR #1)

Address 3: _____

City/Community: _____

Province/State: _____ Country: _____ Postal/Zip Code: _____

Requested by: _____ **Date:** _____ **Phone No:** _____

Note: _____

Received by: _____ Date: _____

Input by: _____ Date: _____

Upper Nappan Service Centre

Springhill Service Centre