



**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