

REQUEST FOR ADDRESS CHANGE

Communication should be sent to: Applicant Owner *(select only one)*

1. APPLICANT INFORMATION

Surname		First Name	
Name:			
Street Number		Street Name	Apt./Unit
Address:			
Municipality:	Province:	Postal Code:	
Phone:	Fax:	E-mail:	

2. OWNER INFORMATION *(if different than Owner)*

Surname		First Name	
Name:			
Street Number		Street Name	Apt./Unit
Address:			
Municipality:	Province:	Postal Code:	
Phone:	Fax:	E-mail:	

3. ADDRESS CHANGE REQUEST

Current Address:
Proposed Address:
Date of Purchase:
Reason for requested Address Change:

4. ACKNOWLEDGEMENT

I, the Owner, agree that this request does not comply with the Addressing By-law 2022-024-RD and Addressing Protocol, and that any result of the PAARC Meeting is final.

Signature _____