

CHANGE OF ADDRESS FORM



YOUR INFORMATION

First Name		Last Name	
Company Name	Secondary Owner(s)	Lesee(s)/Renter(s)	* Please check one
Home Phone Number	Cell Phone Number	Fax Number	

E-mail Address

NEW MAILING ADDRESS

Apt. No. – Street No. Street Name		P.O. Box – Rural Route	
City	Province/Territory	Postal Code	
Country, State, Zip Code (if outside Canada)			
Roll No.		Legal Land Location & Civic Address (if applicable)	

Effective Date (Month, Day, Year)

**Complete the following section if your property address is different from your mailing address.*

PROPERTY ADDRESS (if different from above)

Apt. No. – Street No. Street Name		P.O. Box – Rural Route	
City	Province/Territory	Postal Code	
Country, State, Zip Code (if outside Canada)			
Roll No.		Legal Land Location & Civic Address (if applicable)	

Effective Date (Month, Day, Year)

Certification

I certify that the information given on this form is correct.

Sign here _____

_____ Date (Month, Day, Year)