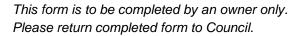
Change of Address Form





Date:/		
Assessment Number:		
Property Address:		
Ratepayer Name:		
Residential Address:		
Current Postal Address:		
New Postal Address:		
Contact Number:		
Email Address:		
I, (insert full name)		owner of the above property address,
would like to update for the follo	wing account: (<i>please indica</i>	te one of the below options)
() rates	() water	() both
Print Name:	Signature:	