



CORPORATION OF THE TOWN OF ENGLEHART

Request for Change of Mailing Address

Form #

Approved by:

Signature:

Date:

Roll Number:	
Utility Account Number:	
Date of Request:	
Property / Civic Address:	

Please forward all bills and correspondence for the property listed above to:

Street Address:	
City / Town:	
Province:	
Postal Code:	
Phone Number:	
Email Address*:	

Property Owner Name

Property Owner Signature

Please return completed form by email to admin@englehart.ca

*Please note that bills will not be sent by email.

The personal information on this form is collected under the authority of the Municipal Act and will be used to maintain a record of mailing addresses.