

MUNICIPALITY OF DYSART ET AL 46-24

ADDRESS CHANGE FORM

ASSESSMENT ROLL #(S) \_\_\_\_\_

OWNER'S NAME(S) \_\_\_\_\_

ADDRESS CHANGE REQUESTED BY: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW ADDRESS**

**We must now comply with Canada Post addressing standards (samples/guidelines attached)**

STREET \_\_\_\_\_  
City Addresses: Need apt/suite number if applicable and street# and name

RURAL ROUTE \_\_\_\_\_  
Rural Route: Must get 911 street address ; as well as RR# & Comp # only if applicable.

PO BOX \_\_\_\_\_  
If Just PO & not rural route, write PO BOX # (civic address not required)

CITY/TOWN \_\_\_\_\_

PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

RECEIVED CHANGE FROM:

DATE CHANGE EFFECTIVE:

- \_\_\_\_\_ ASSESSMENT OFFICE
- \_\_\_\_\_ SOLICITOR
- \_\_\_\_\_ IN PERSON
- \_\_\_\_\_ TELEPHONE
- \_\_\_\_\_ MAIL

NOTIFIED OF TAX BALANCE

CHANGE RECEIVED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

CHANGED IN COMPUTER \_\_\_\_\_ DATE CHANGED: \_\_\_\_\_

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