



CHANGE OF ADDRESS NOTIFICATION

Identification:

First Name

Middle Name

Last Name/Company Name

Property Information:

Roll Number

Street Address

Previous Mailing Address:

Address 1

Address 2

City

Province

Postal Code

New Mailing Address:

Address 1

Address 2

City

Province

Postal Code

I hereby authorize the Township of Spallumcheen to update my municipal records (property tax and business licence information) with the above noted change of address information.

Signature

Date