

# Notice of Change of Address



PLEASE CHECK OFF DEPARTMENT(S) THAT YOU REQUEST TO HAVE THE ADDRESS CHANGED

Taxes – Roll No.(s): \_\_\_\_\_

Water - Account No.(s): \_\_\_\_\_

Civic Address: \_\_\_\_\_  
(PLEASE PRINT)

Property Owner(s): \_\_\_\_\_  
(PLEASE PRINT)

Reason For Change: \_\_\_\_\_  
(PLEASE PRINT)

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_

\_\_\_\_\_  
(OWNERS SIGNATURE)

\_\_\_\_\_  
(DATE)

Deliver or Mail Completed and Signed Form To: Town of Kirkland Lake, PO Bag 1757, 3 Kirkland St, Kirkland Lake, Ontario, P2N 3P4 OR Fax To: (705) 567-4707