
CHANGE OF ADDRESS REQUEST FORM

Property Owner Name(s): _____

Phone Number: _____ **Effective Date:** ____/____/____

Roll No.: _____

Existing Mailing Address: _____

New Mailing Address: _____

Property Owner Signature(s):

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Please submit this form as follows:

- **Email:** Ivanalstine@get.on.ca
- **In Person:** 8348 Wellington Road 124, Rockwood ON N0B 2K0
Office Hours – 8:30 am – 4:30 pm – Monday to Friday
- **Mail:** 8348 Wellington Road 124, P.O. Box 700, Rockwood ON N0B 2K0
- **Fax:** (519) 856-2240

Questions: Please call (519) 856-9596, Ext. 102