

Change of Address Request Form



The Municipality of Central Elgin

450 Sunset Drive,
St. Thomas, ON, N5R 5V1
T. 519.631.4860 x 280 E. finance@centralelgin.org

CURRENT INFORMATION

Property Address: _____

Property Roll No: 3418 _____

Water Account No: _____

Registered Owner(s) Name for Address Change:

Owner 1: _____

Owner 2: _____

Additional Owner(s): _____

NEW MAILING INFORMATION

New Mailing Address: _____

Telephone: _____

Email: _____

Does this address change apply to ALL Municipality of Central Elgin communications? Y N

If no, please provide details:

This form is to be completed and signed by ALL registered owner(s). If all owners are not changing their address, this form must be signed by only the owner(s) wanting the address change.

Date _____ Signature _____ Print Owner's Name _____

Date _____ Signature _____ Print Owner's Name _____

Date _____ Signature _____ Print Owner's Name _____