CHANGE OF ADDRESS AUTHORIZATION

Change of Address Authorization

Name(s) on Account: _____

Civic Address: _____

Previous Mailing Address: _____
City *Province* *Postal Code*

Current Mailing Address: _____
City *Province* *Postal Code*

Authorization

I am authorizing the Town of Penhold to change my mailing address. I understand this will permanently change the address in the Town's database.

_____

Printed Name **Signature of Account Holder** **Date**