



Municipal Office



#1 Waskasoo Ave P.O. Box 10 Penhold, AB T0M 1K6
Tel: 403-886-4567 Fax: 403-886-4039 www.townofpenhold.ca

CHANGE OF NAME AUTHORIZATION

1. Customer Information (Please print clearly)

Names on Account Now: _____

Change to Name To: _____

Or

Remove Name: _____

Civic Address: _____

Account #: _____

CHANGE OF ADDRESS AUTHORIZATION

1. Customer Information (Please print clearly)

Name: _____

Civic Address: _____

Account #: _____

2. Previous Mailing Address

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone #: _____

3. Current Mailing Address

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone #: _____

4. Authorization

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

(Signature of Account Holder)

(Date)

Honouring the Past ~ Challenging the Future