



# MAILING ADDRESS CHANGE

Property Taxes and Utilities

I wish to change my mailing address for:

Tax (Folio) Account No. \_\_\_\_\_ Utility Account No. \_\_\_\_\_

Copy to Tenant      Copy to Owner  
Name of Tenant: \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Previous Mailing Address:** \_\_\_\_\_

City/Town \_\_\_\_\_ Province/State \_\_\_\_\_ Country \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_

**New Mailing Address:** \_\_\_\_\_

City/Town \_\_\_\_\_ Province/State \_\_\_\_\_ Country \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_

**Effective Change Date:** \_\_\_\_\_

**List all registered owners affected by the address change:**

Name \_\_\_\_\_

Name \_\_\_\_\_

**Applicant Information:**

Primary Phone \_\_\_\_\_ Alternate \_\_\_\_\_

Email \_\_\_\_\_

The personal information on this form is collected by the City of Parksville for the purposes of processing this application, under the authority of section 22(2)(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of information, contact the City of Parksville at 250 248-6144.

\_\_\_\_\_  
SIGNATURE of Registered Owner

\_\_\_\_\_  
Date