



CHANGE OF NAME AND ADDRESS REQUEST FORM

Utility Account ____ Tax Account ____ Business License ____ Animal License ____

Pre-Authorized Debit ____ TIPP ____ E-Bill ____ All Correspondence ____

Name of Homeowner: _____ NA# _____

Phone Number: _____

Utility Account: _____ Tax Roll: _____

Civic Address: _____

Current Mailing Address: _____

NEW MAILING ADDRESS FOR ABOVE PROPERTY:

UT: _____ TAX: _____

EMAIL: _____

EFFECTIVE DATE: _____

SIGNATURE: _____ Date: _____

1920 17 Street Coaldale, AB T1M 1M1
Phone: 403-345-1300 Fax: 403-345-1311

Email: utilityclerk@coaldale.ca
Website: www.coaldale.ca

Your name, home phone number, home address and postal code are collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used in the administration of Town of Coaldale programs. If you have any questions about this collection, contact the FOIP Coordinator, Town of Coaldale, 1920-17th Street, T1M 1M1 or 403-345-1300.