



**RURAL MUNICIPALITY OF ST. ANDREWS  
MUNICIPAL NUMBER 174**

# ADDRESS CHANGE FORM

**PLEASE PRINT CLEARLY**

DATE	ROLL #
LEGAL DESCRIPTION	CIVIC ADDRESS

OWNER NAME
ADDITIONAL OWNER NAME

## OLD MAILING ADDRESS

PO BOX / STREET NAME AND # / ROAD NAME AND #		
TOWN	PROVINCE	POSTAL CODE

## NEW MAILING ADDRESS

PO BOX / STREET NAME AND # / ROAD NAME AND #		
TOWN	PROVINCE	POSTAL CODE

RESIDENT SIGNATURE
X

## OFFICE USE ONLY

FILLED OUT BY APPLICANT Y / N	COPY TO APPLICANT IF REQUESTED Y / N	ASSESSMENT ROLL UPDATED Y / N
CATALIS UPDATED Y / N	MMO UPDATED Y / N	RECEIVED BY X

Personal information collected on this form is protected by Freedom of Information and Protection of Privacy Act and will used only to respond to this request.



**\*\*Receiving clerk please date stamp form to record the date of request.**

