



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 be used only to respond to this request.

--

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

