



REQUEST FOR MAILING ADDRESS CHANGE

ACCOUNT NAME (List all if applicable)							
ADDRESS		POSTAL CODE					
E-MAIL		PHONE #					
ASSESSMENT REFERENCE #							
TAX ACCOUNT NUMBER							
WATER ACCOUNT NUMBER							
NEW MAILING ADDRESS							
ADDRESS FORMAT:		Canadian US Standard International		SUITE/ APT. PO. BOX			
CIVIC #		STREET NAME		CITY/TOWN			
PROVINCE/STATE		COUNTRY		POSTAL/ ZIP CODE			
OWNER SIGNATURE (Required)		DATE		PHONE #			

Note: This form is to be used to notify CBRM of mailing address updates and cannot be used to make ownership changes.