CHANGE OF MAILING ADDRESS



Return completed "Change of Mailing Address" form by mail or email to serviceking@king.ca

King Township 2585 King Road King City, Ontario Canada, ON L7B Website: www.k	Ph Fa:	Phone: 905.833.5321 Fax: 905.833.2300 Email: serviceking@king.ca																		
Form must be sign	ed by	<u>ALL</u> o	wners	s on tit	le as	chang	e of r	nailiı	ng ada	lress a	pplie	s to <u>Al</u>	L <u>L</u> ow	ners	unless	other	wise s	pecified.		
Tax Roll No	0	0	0	-				-						-	0	0	0	0		
Water Account	No									•										
Customer Inform	nation	(All	fields	are n	nand	atory):													
Municipal Address	:																			
Street:	reet: Town:																			
Postal Code:									<mark>Ema</mark>	<mark>il:</mark>										
Telephone:																				
Owner's Name(s)*	:																			
I/we, advise the Townsh the following. I un Mailing Address:	ip of K	ing th	nat the	e mailii	ng ad	dress i	n con	nect	ion wi [.]	th the	above	e mun	icipa	l prop	perty h	as bee	n cha	nged to		
-								Т	own:											
	Street: Postal Code:										Email:									
Telephone:																				
Effective date of n	nailing	addr	ess ch	ange:		Y	Y Y	()	-	M	M	-	D	D]					
Owner's Name:	s Sig	ignature:								:										
Owner's Name:_	s Sig	gnature:								Date:										
Owner's Name:	s Sig	Signature:								Date:										
Owner's Name:	wner'	's Signature:								Date:										
Internal use only - Dia	imond c	<u>hecks a</u> Form s	ind upd igned	<u>ate:</u> □Cι	ustome	er IDs	□Fo	rm att	ached	ים	Notes u	pdated		Імра	C summ	•				