

# Change of Mailing Address / Contact Information Form

\* Indicates required information

+ Power of Attorney submissions please include supporting Power of Attorney documentation

Customer Information			
<b>*First Contact Name:</b>	Last Name	First Name	Initial
	Last Name	First Name	Initial
<b>Second Contact Name:</b>	Last Name	First Name	Initial
<b>Business Name:</b> (If Applicable)	Proprietorship / Partnership    Ltd/Corporation		
<b>*Civic Address:</b> (Property or Service)			

Please indicate what service(s) / account(s) you are submitting this change of mailing address		
<b>Account Number(s):</b>		
Utility Billing <sup>++</sup>	Taxi / Chauffeur Licence	Accounts Receivable (Landfill, Sani-Dump, Ambulance etc.)
Business Licence <sup>+++</sup>	Escort Licence	Permits (Building, Electrical, Mechanical only)
Dog Licence	Business Improvement Area (BIA)	
<sup>++</sup> May be required to complete a transfer of utility services form if you are moving. The City of Red Deer will contact you if necessary. <sup>+++</sup> May require a new Business Licence application. The City of Red Deer will contact you if necessary.		

Previous Mailing Address / Contact Information			
<b>*Street Address:</b>			
<b>*City:</b>	<b>*Prov/State:</b>	<b>*Postal/Zip Code:</b>	<b>Country:</b>
<b>Telephone #1:</b>	<b>Telephone #2:</b>	<b>Email:</b>	

New Mailing Address / Contact Information			
Same as Civic Address above	<b>Effective Date:</b>		
<b>*Street Address:</b>			
<b>*City:</b>	<b>*Prov/State:</b>	<b>*Postal/Zip Code:</b>	<b>Country:</b>
<b>*Telephone #1:</b>	<b>Telephone #2:</b>	<b>Email:</b>	

Applicant's Declaration		
In submitting this form, I am/We are declaring this information to be true and complete to the best of our knowledge.		
Print Name:	Signature:	Date:
Applicant 1: _____	_____	_____
Applicant 2: _____	_____	_____