

Change of Mailing Address / Contact Information Form

* Indicates required information

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

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

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

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

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

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: _____	_____	_____