

**Mobile Home Owner**

**Change of Mailing Address / Contact Information**

Email To: [addressing@reddeer.ca](mailto:addressing@reddeer.ca)

Mail To: The City of Red Deer

Attn: Addressing

PO BOX 5008

Red Deer, AB T4N 3T4

\* 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 |
| <b>Second Contact Name:</b>                     | Last Name   | First Name | Initial |
| <b>*Civic Address:</b><br>(Property or Service) |   |            |         |
| <b>Mobile Home Park:</b>                        |   |            |         |
| <b>Business Name:</b><br>(If Applicable)        | Proprietorship / Partnership    Ltd / Corporation |            |         |

| 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 License | Accounts Receivable  |
| Business License <sup>+++</sup>  | Escort License           | Permits (Building, Electrical, Mechanical only)                      |
| Dog License  | Urban Chicken License    | Business Revitalization Zone (BRZ) / Business Improvement Area (BIA) |
| Property Assessment and Tax<br>(Mobile Home Only)  |                          |  |
| <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.<br><sup>+++</sup> May require a new Business License 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: _____  | _____      | _____ |