



CHANGE OF ADDRESS FORM

Box 10, Manning, AB T0H 2M0

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This personal information is being collected in accordance with sections 4(a) and (c) of the Protection of Privacy Act (Alberta) for the purpose of ensuring that the addresses and contact information of property and account holders on file are current and accurate. For questions about the collection and use of this personal information, please contact the County of Northern Lights ATI Coordinator at 780-836-3348 or 1-888-525-3481.

| OWNER INFORMATION | | | |
|---|-----------------------|------------------------|--|
| Name(s) <i>(First, Middle, Last or Company)</i> | | | |
| Primary Phone Number | | | |
| Secondary Phone Number | | | |
| Email Address | | | |
| OLD ADDRESS | | NEW ADDRESS | |
| Box / Street | | Box / Street | |
| Town/City | | Town/City | |
| Prov | | Prov | |
| Postal | | Postal | |
| PROPERTY & ACCOUNT INFORMATION | | | |
| Legal Land Description | | | |
| Tax Roll Number(s) or Owner Number | | | |
| Utility Acct Number(s) | | | |
| AR Acct Number(s) | | | |
| Reason for Change | Moved Other: | Changed Address | Agreement of Sale |
| OFFICE USE ONLY | | | |
| System Identification Number | | | |
| Date: | Received by: | Processed by: | |
| Confirmation of Change Rec'd <i>(Initial when complete)</i> | _____ Taxation | _____ Utilities | _____ AR _____ Newspaper |