



CHANGE OF NAME/ADDRESS

CUSTOMER ACCOUNT NO. _____

MUNICIPAL ADDRESS: _____

DATE NOTIFIED: _____

TX _____

DOG LIC: _____

EFFECTIVE DATE: _____

UT _____

BL _____

OLD MAILING ADDRESS:

OTHER _____

DO YOU HAVE A HOME BASE BUSINESS? _____

NAME: _____

NEW MAILING ADDRESS:

HOME PHONE: _____

BUSINESS PHONE: _____

FAX: _____

COMMENTS ON CHANGES:

CUSTOMER SIGNATURE

The personal information on this form is collected in order to ensure our address for you is up to date. It is collected under the authority of Section 32© of the Freedom of Information and Protection of Privacy Act and is protected under that Act. If you have any questions about the collection and use of this information please contact the Tax Department at (403) 887-2141.