

5012 - 48 Avenue, Sylvan Lake, AB T4S 1G6 P:403 887 2141 F:403 887 3660 Email: reception@sylvanlake.ca CHANGE OF NAME/ADDRESS

Tax Roll:		Dog License:	
Utility:		Business License:	
Other Business/ Properties		Accounts Receivable	
Customer ID:			
Customer Name:			
Municipal Address:			
Old Mailing Address:			
New Mailing Address:			
Email Address:			☐ E-Bill
Phone(Res)			
Date Notified	(Bus)	(Cell)	
	Effect	tive Date	
Comments			
Customer Signature		Print Name	_
The personal information on this form is on (FOIP) Act for the purpose of updating Na the signed form is returned. If you have Department of the Town of Sylvan Lake at	ame or Address information and any questions or concerns abou	is protected by the FOIP Act. Forma	I changes will not be made until
□ Copy given to Tax□ Copy given to UT			
Entered By:	Date:		