



# MUNICIPALITY OF HIGHLANDS EAST

## CHANGE OF ADDRESS FORM

**ASSESSMENT ROLL #(S)**

(Please list all Roll Numbers that apply.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDRESS CHANGE REQUESTED BY: \_\_\_\_\_

**NEW ADDRESS:**

STREET \_\_\_\_\_

PO BOX \_\_\_\_\_ CITY/TOWN \_\_\_\_\_

PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

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**FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW**

CHANGE RECEIVED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

CHANGED IN COMPUTER: \_\_\_\_\_ DATE CHANGED: \_\_\_\_\_

COPIED & SENT TO MPAC ON: \_\_\_\_\_