



CHANGE OF ADDRESS FORM

Owner(s) Name: _____

Customer ID #: _____

Roll #: 4316 _____

Location Address: _____

New Mailing Address: _____

Telephone #'s Home: _____ Other: _____

Person Requesting Change: _____
(Please Print)

Signature: _____

Effective Date: _____

Form must be completed and received before any information will be changed.

Submit to: Town of Innisfil
2101 Innisfil Beach Road
Innisfil, ON L9S 1A1
(705) 436-3710

or

Fax to: (705) 436-7120
Email: finance@innisfil.ca