



GEORGINA

Change of address form

Roll #: 1970 000 _____ .0000

Owner(s) name: _____

Person requesting change: _____

Telephone #: Home: _____ Other: _____

Property address:

Street address: _____

Town/City _____ Postal Code _____

New mailing address:

Street address: _____

Town/City _____ Postal Code _____

Signature: _____

Effective date: _____

Form must be completed before any information will be changed.

Submit to:

Town of Georgina
26557 Civic Centre Rd.
Keswick, ON L4P 3G1
Fax: 905-476-8100