

CITY OF COURTENAY

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REQUEST FOR ADDRESS CHANGE

APPLICANT INFORMATION		DESCRIPTION OF PROPERTY
Contact Name:		Civic Address:
Address:		
City:	Postal:	Legal Description:
Tel:		
Email:		
IF AI	PPLICANT IS NOT THE	OWNER OF THE PROPERTY
Owner's Name(s):		Tel:
Address:		Email:
Owner Authorization Provided: Tes No		
APPLICATION INFORMATION		
CIVIC ADDRESS REQUESTED:		
SIGNATURE:		DATE: