



Township of East Garafraxa

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ADDRESS CHANGE FORM

ROLL # 2201 – 000 - ____ - ____ - 0000

LEGAL DESCRIPTION: CONC/PLAN _____ LOT # _____

NAME: _____

NAME: _____

PREVIOUS MAILING ADDRESS:

STREET: _____

CITY: _____ PROV: ON PC: _____

NEW MAILING ADDRESS:

STREET: _____

CITY: _____ PROV: ON PC: _____

MISCELLANEOUS NOTES:

SUBMITTED BY: _____ DATE: _____

FOR OFFICE USE ONLY	
PRINSYS UPDATED	A/R WATER UPDATED (IF APPLICABLE)
COMPLETED BY:	A/R DOGS UPDATED (IF APPLICABLE)
_____	A/R DRAINS UPDATED (IF APPLICABLE)
DATE: _____	A/R GENERAL UPDATED (IF APPLICABLE)