QUESNEL
CITY OF
410 Kinchant St, Quesnel, BC V2J 7J5
Phone: (250) 992-2111 Fax: (250) 992-1512

For Office Use Only (Please initial)				
PT	UB	BL	AR	AP
☐	☐	☐	☐	☐

Change of Mailing Address

Property Owner Identification:

First Name _____ Middle Name _____ Last Name _____

Company Name (If applicable) _____ Phone Number _____ Email _____

Previous Mailing Address:

Address 1 _____ Address 2 _____

City _____ Province _____ Postal Code _____ Country _____

New Mailing Address:

Address 1 _____ Address 2 _____

City _____ Province _____ Postal Code _____ Country _____

Apply New Address to:

☐ **Business License** *(Note: For business location change, please fill out Business Licence Application.)*

Account No. _____

☐ **Accounts Receivable**

Customer Code: _____

☐ **Accounts Payable**

Name/Customer: _____

☐ **Property Taxes (all that applies)**

Civic Address: _____

Civic Address: _____

Civic Address: _____

☐ **Utilities (all that applies)**

Civic Address: _____

Civic Address: _____

Civic Address: _____

Does this address apply to all owners who currently have the same mailing address as you? ☐ **Yes** ☐ **No**

Effective date: ☐ **Immediately or Specify (Date):** _____

I certify that the information provided in this change of address notification is true, accurate, and complete.

I have read and agree to the above conditions.

Print Name _____ Signature _____ Date _____

Freedom of Information and Protection of Privacy act (FOIPPA): *Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act (FOIPPA) and will be used only for the purposes of responding to your request.*