

TOWNSHIP OF GEORGIAN BAY

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www.gbtownship.ca

Change of Address Request

If your mailing address has changed, please indicate and sign below.

Roll Number(s): 4465- ____ - ____ - ____ - ____

4465- ____ - ____ - ____ - ____

4465- ____ - ____ - ____ - ____

New mailing address: _____

Owner's Name: _____
(please print)

Email: _____ Phone: _____

Owner's Signature: _____

Date: _____