



[Empty rectangular box for address or identification]

Applicant's Information

*Account Number: _____

*Name: _____

*Property Address: _____

*Previous Mailing Address _____

*New Mailing Address: _____

*Home Phone Number: _____

Work / Cell Phone Number _____

* I/we request to have the mailing address changed effective _____ on the above noted property.

*Date: _____

*Signature: _____

Signature: _____

Please return form to the Utilities Department at the Town of Rocky Mountain House:

Box 1509
Rocky Mtn House, AB
T4T 1B2

Or fax to: 403-845-3230