

CHANGE OF ADDRESS FORM

TAXPAYER'S NAME: _____

PROPERTY ID #: _____

NAME / IN CARE OF (IF APPLICABLE): _____

CURRENT MAILING ADDRESS: _____
(ON FILE AT CCAD)

NEW MAILING ADDRESS: _____

DATE YOU STARTED USING THE NEW ADDRESS: ____/____/____

PHONE NUMBER: _____

SIGNATURE: _____ DATE: ____/____/____

- I am the Property Owner

If you are NOT the property owner, we require additional proof that you have the right to change the address on this property. Documentation accepted as proof includes:

- Power of Attorney
- Executor or Administrator of the Estate
- Letter of Guardianship