



**APPLICATION TO CHANGE A MUNICIPAL ADDRESS**

**Office Use Only**

File Number	Application Fee	Receipt Number
Date	Received By	Related Files

The following information is required by the City with an accompanying processing fee of **\$106.00**, payable to the "Treasurer, City of Vaughan" prior to the processing of the application.

**ADDRESS TO BE CHANGED FROM:** \_\_\_\_\_

**ADDRESS TO BE CHANGED TO:** \_\_\_\_\_

**1. APPLICANT / REGISTERED OWNER OF PROPERTY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. AGENT – APPLICANT’S REPRESENTATIVE**

Relationship to the Applicant:

Same as above  Agent or Solicitor

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Ontario Land Surveyor: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

**Note: Unless otherwise notified all correspondence will be forwarded to the agent.**

**3. REASON FOR ADDRESS CHANGE**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Applicant/Agent Signature