THE CORPORATION OF DELTA

CHANGE OF MAILING ADDRESS FORM

DESCRIPTION OF THE PROPERTY

Civic Address _____

Folio Number _____ PID Number _____

Does this change of mailing address affect other properties located in BC ? YES ☐ NO ☐

If YES, please complete a change of mailing address for each property affected by this change.

REGISTERED OWNERS AFFECTED BY THIS CHANGE

List all the owners names affected by this change:

1._____ 3._____
print name print name

2._____ 4 ._____
print name print name

NEW MAILING ADDRESS

Unit Number …… Street Number …… Street Direction (e.g.N,S,EW) ……

Street Name……

City …… Province / State …… Country …… Postal / Zip Code ……

INDICATE WHICH AREAS OF BUSINESS SHOULD BE UPDATED

Land Ownership	YES ☐	NO ☐	N/A ☐	Business Licenses	YES ☐	NO ☐	N/A ☐
Utility Account(s)	YES ☐	NO ☐	N/A ☐	Community Dev	YES ☐	NO ☐	N/A ☐
Pre Authorized Withdrawl	YES ☐	NO ☐	N/A ☐				

Name of person filing this document _____

Telephone # _____ Date _____/_____/_____
mm dd yy

Signature _____