
CHANGE OF ADDRESS FORM

Owner(s) Name: _____

Customer ID #: _____

Roll #: _____

Water/Sewer Acct #: _____

Location Address: _____

New Mailing Address: _____

Telephone #s: Home: _____ Other: _____

Person Requesting Change: _____
(Please Print)

Effective Date: _____

Signature: _____

Form must be completed to authorize the address change.

Submit to: The Township of Springwater or Fax to: (705) 728-2759
2231 Nursery Rd.
Minesing, ON L9X 1A8