

## Change of Address Form

Roll #: 1970 0	00	0000			
Owner(s) Nan	ne:				
Property Add	rocci				
New Mailing /	Address:				
Telephone #:	Home:		Other:		
Person Reque	esting Change:				
Signature:					
Effective Date	e:				
Form must be	e completed before any	information will b	e changed.		
Submit to:	Town of Georgina		Fax:	(905) 476-8100	
	26557 Civic Centre R			(======================================	
	Keswick, ON L4P 3G1	L			