



Change of Mailing Address

This form is to be filled out and signed by the account holder(s) when the mailing address changes.

Account Holder Information		Account Holder Information	
Name:		Name:	
Account No.:		Account No.:	
Phone:		Phone:	
Email:		Email:	
Previous Mailing Address:		Previous Mailing Address:	
Current Mailing Address:		Current Mailing Address:	

Effective Date: _____

Effective Date: _____

If you own property within the M.D. of Fairview No.136, you must **also** update your address with the Alberta Land Titles office.

Print Name

Print Name

Signature

Signature

Date

Date

Please return this form to the MD of Fairview No.136 office at:
Box 189 Fairview, AB T0H 1L0
Email: mdinfo@mdfairview.ab.ca
Fax: 780-835-3131

For Office Use Only:

Customer ID (Receivable):

Tax Roll(s):

Utility Account(s):

Date Entered: _____

Entered By: _____

Remarks: