

1. PROPERTY OWNER INFORMATION

FAMILY NAME		GIVEN NAME	
COMPANY			
E-MAIL		TELEPHONE	
This change of address also concerns the co-owner		Yes <input type="checkbox"/>	No <input type="checkbox"/>
NAME OF CO-OWNER			

2. IMMOVABLES *(if you own more than 3 immovable please attach a list to this form)*

IMMOVABLE 1	ADDRESS		
	LOT	MARTICULE	
IMMOVABLE 2	ADDRESS		
	LOT	MARTICULE	
IMMOVABLE 3	ADDRESS		
	LOT	MARTICULE	

3. FORMER POSTAL ADDRESS

ADDRESS			APT. / OFF.	
CITY	PROVINCE	COUNTRY	POSTAL CODE	

4. NEW POSTAL ADDRESS

ADDRESS			APT. / OFF.	
CITY	PROVINCE	COUNTRY	POSTAL CODE	

4. SIGNATURE

I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS FORM IS ACCURATE AND COMPLETE.

Signature : _____ Date : _____
(dd-mm-yyyy)

Return to : tresor.canton@hemmingford.ca