

## AUTHORIZATION TO MAKE AN ADDRESS CHANGE

DATE: \_\_\_\_\_

WARD: \_\_\_\_\_

ASSESSMENT # \_\_\_\_\_

PARCEL # \_\_\_\_\_

NAME: \_\_\_\_\_

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OLD ADDRESS : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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REASON / RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_

**DRIVER'S LICENSE MUST BE ATTACHED TO MAKE ADDRESS CHANGE.**

**THE UNDERSIGNED DOES HEREBY AUTHORIZE THE ASSESSOR OR HIS DEPUTIES TO  
MAKE THE ABOVE CHANGES.**

SIGNED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

DATE: \_\_\_\_\_