

CHANGE OF ADDRESS FORM



Date: _____

Roll Number: _____

Property Owner(s): _____

Legal Description: _____

Civic Address: _____

Previous Mailing Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

New Mailing Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Phone Number: _____

Email Address: _____

Signature of Applicant(s): _____

(The above information may be added to the contact information on file.)

Applications can be submitted by the following:

Mail: Box 2 Group 35 RR1
East Selkirk, MB R0E 0M0

Email: info@rmofstclements.com

Fax: 1-204-482-3098

In Person: 1043 Kittson Road East Selkirk, MB
There is a drop slot located in the back entrance door on the South side of the building.

For Office Use Only

Phone: _____

Letter: _____

Email: _____

In Office: _____

Received by: _____

Processed by: _____ MMO: _____