



Applicant's Information

*Tax Roll Number: _____

*Name: _____

*Property Address: _____

*Previous Name _____

*New Name Address: _____

*Home Phone Number: _____

Work / Cell Phone Number _____

* I/we request to have the mailing address changed effective _____ on the above noted property.

*Date: _____

*Signature: _____

Signature: _____

Please return form to the Taxation Department at the Town of Rocky Mountain House:

Box 1509
Rocky Mtn House, AB
T4T 1B2

Or fax to: 403-845-3230