



TOWN OF YARMOUTH
400 MAIN STREET
YARMOUTH NS B5A 1G2

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REQUEST FOR CHANGE OF MAILING ADDRESS

*Please print

☐ Tax & Water bills

☐ Only Water bills (Only applicable for properties outside of Town limits)

Property Location (List all civic addresses): _____

Owner: _____

Attention (if applicable): _____

NEW MAILING ADDRESS: _____

Phone: _____ Work Phone: _____

E-mail: _____

Requested by: _____ Date: _____

FOR OFFICE USE ONLY:

Customer Code: _____

AAN: _____

Utility Code: _____