

Alberta's Centennial City™



City of Brooks

NAME / ADDRESS CHANGE

NAME: _____

NEW NAME: _____

CIVIC ADDRESS: _____

PREVIOUS MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

TOWN/CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE NUMBER (res): _____ OTHER: _____

Email: _____

Do you want to apply your new mailing address to all municipal accounts?

yes no

If no, please provide an alternate mailing address and for which municipal accounts:

Alternate Mailing Address: _____

Accounts:

water tax roll accounts receivable accounts payable business license

OTHER INFORMATION: _____

OFFICE INFORMATION ONLY - ACCOUNTS

Water# _____ Tax Roll# _____ A/R # _____

A/P# _____ B/L# _____

NAME & ADDRESS SYSTEM NUMBER: _____

DATE: _____ INITIALS: _____

This information is being collected for the purpose of establishing new municipal accounts pursuant to the provision of the Municipal Government Act and its regulations, and pursuant to s. 33 (c) of the Freedom of Information and Protection of Privacy Act. If you have any question about the collection of this information, you may contact the City of Brooks FOIP Coordinator at (403) 362-3333.