

Please complete this form and return to Strathcona County via  Fax: 780-464-8270 Email: <a href="mailto:assess@strathcona.ca">assess@strathcona.ca</a> Mail or in Person: 2001 Sherwood Drive Sherwood Park, AB T8A 3W7	Apply this address change to <b>all of my accounts:</b> <input type="checkbox"/>	
	Or apply only to the accounts selected below:	
	Tax Roll (see <b>NOTE</b> ) <input type="checkbox"/>	ROLL NUMBER
	Utility Bill <input type="checkbox"/>	UTILITY ACCOUNT NUMBER
	Animal License <input type="checkbox"/>	ANIMAL LICENSE NUMBER
	Accounts Receivable <input type="checkbox"/>	CUSTOMER NUMBER

**NOTE:** A change of address must be filed at Land Titles. Please inform the Provincial Land Titles office of this to ensure your correct mailing address is recorded on the Certificate of Title.

Owner 1 Information (Please print)		
LAST NAME	FIRST NAME	INITIAL
NEW MAILING ADDRESS	TOWN/CITY	PROVINCE/STATE
COUNTRY	POSTAL CODE/ZIP CODE	EMAIL ADDRESS
PRIMARY PHONE NUMBER	SECONDARY PHONE NO.	FAX NUMBER
SIGNATURE		EFFECTIVE DATE (dd/mm/yyyy)

Is the address information for Owner 2 the same as Owner 1 above? please sign & date below

If address information is different then Owner 1, Please fill in remainder of form

Owner 2 Information (Please print)		
LAST NAME	FIRST NAME	INITIAL
NEW MAILING ADDRESS	TOWN/CITY	PROVINCE/STATE
COUNTRY	POSTAL CODE/ZIP CODE	EMAIL ADDRESS
PRIMARY PHONE NUMBER	SECONDARY PHONE NO.	FAX NUMBER
SIGNATURE		EFFECTIVE DATE (dd/mm/yyyy)

**For Internal Use Only**

**Form accepted by** (please print) :

**Initial:**

**Date:**

**Form processed by** (please print) :

**Initial:**

**Date:**

**Collection and Use of Personal Information**

Personal information is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used in the management and administration of accounts with Strathcona County. If you have any questions regarding collection or use of this information, contact Wayne Minke at 780-464-8196.