Schedule "A" of Civic Addressing Policy

Civic Address Change Application

| Applicant Information | | | | | | |
|--|--|---|---------------------|------------------|-----------------------------------|-------------------------------|
| Name of Applicant: | | | | | | |
| Mailing Address: | | | City | Provin | се | Postal Code |
| Phone Number: | | | Email:_ | | | |
| Are you the registered of | owner of the prope | erty? | Yes | No (please | attach owner's autl | norization form) |
| Subject Property: | | | | | | |
| | Unit # | Street Name | Lot | Block | | Plan |
| Reason for Change of | | | | | | |
| Declaration: | | | | | | |
| I, | | , am requesti | ng that th | e City of Prince | Albert change | my current |
| address for the reaso emergency services, et this process. The City This procedure is based | ns stated above c. of this change of Prince Albert | e. In doing so, of address is so will consider this | I undersolely my re | stand that noti | fying any utili ong with any c | ty companies, osts related to |
| Signature: | | | | Date | : | |
| For Office Use Only | | | | | | |
| This add | lress change requ | uest has been: | | Approved | Denied | |
| Date: | | De | evelopme | nt Officer: | | |
| Amou | nt Paid: | Re | ceipt No.: | | | |
| New Civ | ric Address (if ap | pplicable): | | | | |

