

56 Queen Street Port Hope, ON L1A 3Z9 | t: 905-885-4544 | f: 905-885-1807 | waterbilling@porthope.ca

## Water and Wastewater – Mailing Address Change

First and Last Name: *	Telephone number: *
Email Address: *	Utility Account Number:
Municipal Address (Including Postal Code): *	
Preferred mailing address for the property noted above	(Including Postal Code): *
I hereby authorize the Municipality of Port Hope to change the address identified above. Please sign below: *	ge my mailing address to
	Date: *

Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended. Inquiries about the collection of personal information should be directed to the Municipal Clerk.