# DISTRICT OF LAKELAND NO.521
# Mailing Address Change Form

**Change Received by:**

- o **Phone**
- o **Email**
- o **Fax**
- o **Over the Counter**
- o **Mail**

## Old Address

**Land Description:** Civic Address _____ Beach _____or
Quarter Section_____, Twp._____, Rge._____, M_____

**Roll #:** _____

**Name:** _____

**Mailing Address:** _____

**Contact Information:** Home _____ Work _____ Cell _____
Fax _____ Email _____

## New Address

**Name:** _____

**Mailing Address:** _____

**Contact Information:** Home _____ Work _____ Cell _____
Fax _____ Email _____

## Date Stamp

**Initial When Received** _____

## Date Stamp

**Initial When Changed** _____