



56 Queen Street
Port Hope, ON L1A 3Z9
t: 905.885.4544
f: 905.885.1807
finance@porthope.ca

Change Mailing Address

Name: _____

Telephone number: _____

Customer ID: _____

Municipal Address (including Postal Code): _____

Roll Number: _____

Utility Account Number: _____

Please provide the preferred mailing address for the property noted above
(including Postal Code): _____

I hereby authorize the Municipality of Port Hope to change my mailing address to
the address identified above.

Signature

Date

FOR OFFICE USE ONLY

Processed by

Date

Personal information is being collected on this form under the authority of the Municipal Act and
the Municipal Freedom of Information and Protection and Privacy Act.