



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

Change Mailing Address – Water & Sanitary Sewer

Name: _____

Telephone number: _____

Customer ID: _____

Municipal Address (including Postal Code): _____

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 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.