



MERRICKVILLE-WOLFORD
Jewel of the Rideau

Change of Address Form

Date: _____

Name: _____

Old Address: _____

New Address: _____

Roll Number: _____

Utility Account:
(if applicable) _____

Telephone Number: _____

Signature: _____

DISCLAIMER: By signing this form, you are providing permission to us to submit your mailing address change to MPAC.