



PO Box 460, 56 Wheatland Avenue, Smoky Lake, AB T0A 3C0
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Change of Address Form

I _____ would like to have the Town of Smoky Lake change the address currently on the Utility Bill effective _____.
My Account Number is _____.

Previous Address

Name: _____
Service Address: _____
Mailing Address: _____
City: _____
Postal Code: _____

Current Address

Name: _____
Service Address: _____
Mailing Address: _____
City: _____
Postal Code: _____
Phone Number: _____
Cell Phone: _____

Signature of Applicant: _____