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Email: town@smokylake.ca | Website: www.smokylake.ca

CHANGE OF ADDRESS FORM

| l wc | ould like to have the Town of Smoky Lake change | the |
|---|---|-----|
| (print name) address currently on the Utili | ity Bill effective | |
| My Account Number is | (date) | |
| Previous Address: | | |
| Name: | | |
| Service Address: | | |
| Mailing Address: | | |
| City: | Postal Code: | |
| Current Address: | | |
| Name: | | |
| Service Address: | | |
| Mailing Address: | | |
| Email Address: | | - |
| City: | Postal Code: | |
| Residence Phone: | Cell Phone: | - |
| Signature of Applicant: | Date: | |
| OFFICE USE ONLY | | |
| Received by: | Date: | |

Freedom of Information and Protection of Privacy Act Collection Notice: By submitting the above information, your account number, name, phone numbers, email address, street/physical addresses, and postal codes, are being collected in line with section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. This information will be used to process your change of address application by the Town of Smoky Lake. If you have any questions about the collection of your personal information, you may contact the Town of Smoky Lake at 56 Wheatland Ave, Smoky Lake, AB TOA 3CO, 780-656-3674, or legislative@smokylake.ca.