



Change of address form

Municipalité de La Pêche
1, route Principale Ouest
La Pêche (Québec) J0X 2W0
Téléphone : 819-456-2161, extension 2230 Télécopieur : 819-456-4534
Courriel : d.robert@villelapeche.qc.ca

IDENTIFICATION OF THE UNIT OF EVALUATION

Address : _____
Civic number, street name

Registration : _____ - _____ - _____ - _____ - _____

IDENTIFICATION OF ONE OR SEVERAL APPLICANTS

Name : _____ First name : _____

Name : _____ First name : _____

ADDRESS OF CURRENT CORRESPONDENCE (if the same address as the unit of evaluation mark yes)

Yes No Care of (if applicable): _____

Address : _____ Apartment : _____

City : _____ Province : _____ Postal code : _____

The applicant is

- The sole owner of the building
 One of the co-owners
 The representative of the owner (please supply a power of attorney of the owner authorizing you to modify his file of property)

Date of the change From the reception of this request Effective from (AAAA/MM/JJ) : _____

New mailing address

Care of (if applicable): _____

Address : _____ Apartment : _____

City : _____ Province : _____ Postal code : _____

Phone number : _____ Cell(mobile) number : _____

Email : _____

Space reserved for the department

Applicant signature : _____

Date : _____

Change made	Date	Initial
Receipt of the request		
Taxation (resp. for the change)		
Service evaluation		