



# The Corporation of the Town of Lakeshore Change of Information

## Current Information

Name (s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Roll Number \_\_\_\_\_

Water Account Number \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
(if different from above) \_\_\_\_\_  
\_\_\_\_\_

## Change Requested *(\*Documentation Required)*

**Change of Mailing Address** \_\_\_\_\_  
*New Address Information* \_\_\_\_\_  
\_\_\_\_\_

**Ownership Change \*** \_\_\_\_\_  
*Please Print Names* \_\_\_\_\_  
\_\_\_\_\_

**Name Change \*** \_\_\_\_\_  
*Please Print Names* \_\_\_\_\_  
\_\_\_\_\_

**Mortgage Company Change** \_\_\_\_\_  
\_\_\_\_\_

**Removal of Pre-Authorization Plan** \_\_\_\_\_  
\_\_\_\_\_

**Other Reason \*** \_\_\_\_\_  
*Please Specify* \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Person Making Request**

\_\_\_\_\_  
**Date**  
Home Telephone Number \_\_\_\_\_  
Alternate Daytime Number \_\_\_\_\_

<i>For Office Use Only</i>
Date Received:
Date Entered:
Person Making Change: