

FINANCE AND TREASURY DEPARTMENT

CHANGE OF ADDRESS

 $Return\ to: finances tresorerie@ville.vau dreuil-dorion.qc. ca$

Name of principal owner* :	
Company name (*if applicable) :	
Québec enterprise number (NEQ) (*if applicable)	
List of all the properties concerned* (attach a list if more than 2)	
Property 1:	
• •	
Address :	Lot number (if land only) :
Property 2:	
Address :	
Registration number :	Lot number (if land only) :
Old conflict and descript	
Old mailing address*	A / Q
	Apt. / Suite :
Country: Postal / Zip code	Province / State :
Country: Postar/ Zip code	• ————
New mailing address*	
Civic number, street :	Apt. / Suite :
	Province / State :
Country: Postal / Zip code	:
	Postal attention, if needed :
Effective date* :	C/O :
Applicant last name*:	Applicant first name*:
Email :	
Phone number* :	
Applicant status* (owner, co-owner, representative, curator, etc.):	
ATTESTATION: I, THE UNDERSIGNED, CERTIFY THAT THE INFORMATION PROVIDED IN THIS NOTIFICATION IS TRUE, ACCURATE AND COMPLETE. ALL THE OWNERS OF THIS ASSESSMENT UNIT ARE ADVISED AND THEY AGREE TO THESE CHANGES.	
Signature* :	Date* :

^{*}Fields are mandatory