



**TOWN OF PETAWAWA**  
**CHANGE OF ADDRESS FORM**

**Roll Number(s):**

\_\_\_\_\_

Please include all roll numbers

\_\_\_\_\_

\_\_\_\_\_

**Property Address(es):**

\_\_\_\_\_

\_\_\_\_\_

**Name(s):**

\_\_\_\_\_

\_\_\_\_\_

**New Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number:**

\_\_\_\_\_

**E-Mail Address:**

\_\_\_\_\_

**Effective Date:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

**Mail, fax or email completed forms to:**

Town of Petawawa  
1111 Victoria Street  
Petawawa ON K8H 2E6

Fax: (613) 687-5973  
Email: [email@petawawa.ca](mailto:email@petawawa.ca)

**NOTE:** Only property owners or their official agents have the authority to submit a Change of Address form.