



CITY OF WELLAND MAILING ADDRESS CHANGE FORM

Tax Roll Number: _____

Water Account Number: _____

Accounts Receivable Billing Name: _____

Property Address: _____

New Mailing Address: _____

Effective Date: _____

Owner Name: _____ Phone Number: _____

(please print)

Authorized Signature: _____ Date: _____

Submit completed form:

- **Email:** finance@welland.ca
- **In person:** City of Welland, Finance Division, Main Floor, 60 East Main Street, Welland, ON
 - **Hours of operation:** Monday – Friday, 8:30 a.m. – 4:30 p.m.
- **Fax:** 905-732-1919
- **Mail:** City of Welland, Finance Division, 60 East Main Street, Welland, ON L3B 3X4

For office use only

Date Processed: _____

Initials: _____