

10125 100 Avenue E: info@morinville.ca

Tax/Utility Change of Information Form

Email to: tax-utilities@morinville.ca

ACCOUNT INFORMATION							
NOTE : Alberta Land Titles require address changes for all Tax Rolls. For more information, visit: www.servicealberta.gov.ab.ca							
TAX ROLL:			UTILITY ACCOUNT:				
FIRST NAME:			LAST NAME:				
REQUEST TO CHANGE (check all that apply):							
o EMAIL	O PHONE NUMBER	o I	O MAILING ADDRESS O BANKING INFORMA		NKING ORMATION	O DELIVERY METHOD	
CHANGE OF INFORMATION							
NEW MAILING ADDRESS:			TOWN/CITY:			PROVINCE:	
POSTAL CODE:			EMAIL ADDRESS:				
PHONE NUMBER:		ADDITIONAL	AL PHONE NUMBER: EFFECTIV		EFFECTIVE (mm/	E (mm/dd/yyyy):	
PRINT NAME:			AUTHORIZED SIGNATURE:				
PREFERRED BILLING DELIVERY METHOD							
O EMAIL O SERVICE ADDRE							
PREAUTHORIZED PAYMENT WITHDRAWAL CHANGES							
 I have attached a cheque marked "VOID" or bank-preauthorized payment document to this application 							
AUTHORIZATION							
The owner(s) of the above service address understand that I/we are responsible for payment of the utility bills. Non-payment of the utility bill will result in either disconnection and/or transfer of the outstanding balance to the tax account pursuant to Morinville Bylaws.							
OWNER NAME (please print):		OWNER	OWNER SIGNATURE:		DA	ATE (mm/dd/yyyy):	
ADDITIONAL OWNER NAME (please print): ADDI		ADDITIO	IONAL OWNER SIGNATURE:		DA	ATE (mm/dd/yyyy):	
FOR OFFICE USE ONLY							
PROCESSED BY:			INITIAL:		DATE (mm/d	d/yyyy):	

Updated March 2025