

Corporation of the Municipality of Calvin

CHANGE OF ADDRESS

Roll Number(s): _____

Name(s): _____

I/We, _____,

wish to change my/our account as follows:

New Mailing Address:

Signature

Date

**Corporation of the Municipality of Calvin
1355 Peddlers Dr., R.R. #2, Mattawa, ON P0H 1V0
Phone: 705-744-2700 Fax: 705-744-0309**