



**THE VILLAGE OF WESTPORT  
ADDRESS CHANGE FORM**

Roll No.(s): \_\_\_\_\_

Utility Account No.(s): \_\_\_\_\_

Civic Address: \_\_\_\_\_

Name(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Old Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date Changed: \_\_\_\_\_

RETURN TO: WESTPORT MUNICIPAL OFFICE  
30 BEDFORD ST., P.O. BOX 68  
WESTPORT, ON  
K0G 1X0