



The Corporation
of the City
of Cambridge

CITY OF CAMBRIDGE
Planning Services Department
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MUNICIPAL ADDRESS NUMBER CHANGE APPLICATION

DATE: _____

CURRENT PROPERTY ADDRESS: _____

REQUEST ADDRESS CHANGE TO: _____

LEGAL DESCRIPTION: _____

OWNER'S NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE NO.: (H) () _____ (W) () _____ FAX NO. () _____

REASON FOR CHANGE:

Applicant's Signature

Date

Approved by: (Signature)

Date

Personal information contained on this form is collected pursuant to the City of Cambridge By-Law No. 218-98 and will be used for the purpose of responding to your application. Questions about the collection of personal information should be directed to the City's Freedom of Information and Privacy Co-ordinator in the Public Access and Council Services Department at 519.740.4650.