

DATA CHANGE REQUEST FORM

Change Requested NAME ADDRESS PHONE #

Please complete this form and return to the Carbonear Council Office

Date Change Requested _____

Civic Address of Property _____

FORMER OWNER

Name: _____

Address: _____

Phone #: _____

NEW OWNER / & OR ADDRESS CHANGE

Name: _____

Address: _____

Phone #: _____

Signature of Person Requesting Change: _____

For Office Use Only

Roll # _____

Account # _____

Date Received : _____

Mayor - Sam Slade | Deputy Mayor - Ches Ash
Councillors - David Kennedy, George Butt, Betty Forward, Ed Goff, Ray Noel
Town Administrator - Cynthia Davis | Town Clerk - Cathy Somers
Director of Operations and Public Works - Brian O'Grady
Director of Recreation and Tourism - Rob Button | Fire Chief - Ed Kavanaugh

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