



**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