



**Town of Ponoka**  
 200-5604 50 St  
 Ponoka AB T4J 1G5  
 Utilities: 403.783.0111  
 Fax: 403.783.6745  
 www.ponoka.ca

**MAILING ADDRESS / NAME CHANGE**

**APPLICANT'S PERSONAL INFORMATION**

Cycle \_\_\_\_\_

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: Same as above or \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SERVICE ADDRESS INFORMATION**

Drivers License: \_\_\_\_\_

UT Bill Name Change or Addition: \_\_\_\_\_

Address Change: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**APPLICANT'S DECLARATION**

In submitting this form, you are declaring this information to be true and complete to the best of your knowledge.

Customer Signature: \_\_\_\_\_

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

**Do you want your address changed for all accounts?**

Initials
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**Office Use Only**

- Accounts Receivable  
 Account # \_\_\_\_\_ Changed MMDDYY Initial: \_\_\_\_\_
- Utilities  
 Account # \_\_\_\_\_ Changed MMDDYY Initial: \_\_\_\_\_
- Taxes  
 Roll # \_\_\_\_\_ Changed MMDDYY Initial: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If a last name change. Can only change the "Statement Name" until directed from Land Titles. Customer ID stays the same.*