

## PROPERTY ADDRESS CHANGE

l,owner / authorized age	ent of the property listed be	low and hereby apply to chan	ge the address to the preferred address indicated:	
			9	
EXISTING ADDRESS	:			
PID #:				
☐ Single-Family ☐	] Multi-plex □ Strata	☐ BLDG Permit #		
PREFERRED Property	Address (indicate all for mu	lti-plex):		
First Choice: Second Choice: _			ice:	
Burnaby ("City") ari	sing out of this requested or reflect the change of ad	change of address or out of	ers of this property may have against the City of any delay or failure by the City to notify agencies	
OWNER:				
ADDRESS:		CITY:	POSTAL CODE:	
PHONE NUMBER:		CELL PHONE:		
EMAIL:				
SIGNATURE:		DATE:		
		OFFICE USE ONLY		
The City of Burnaby	has approved a <b>CHANGE</b>	<b>OF ADDRESS</b> for the above	e property as follows:	
NEW ADDRESS:				
Note: It is YOUR resp	onsibility to NOTIFY all affe	cted agencies and change the	number on dwelling.	
SIGNATURE:			DATE:	
	General Manager Pl	anning and Development		
ADR Case #	Fee \$		Invoice #	
-	Master Database Address Change Distribution list			

## **General Information**

I hereby declare that the Provincial licence and/or certification is in effect and valid and that all other information contained in this referral form is accurate. I acknowledge that all work performed shall be done in accordance with all applicable City of Burnaby Bylaws and Provincial Regulations.

Personal information collected on this form is in accordance with s. 26(c) of the Freedom of Information and Protection of Privacy Act (RSBC 1996) for permitting purposes. Please be advised that permits are considered public records that are available in various City publications or disclosed through information requests. For questions regarding the collection, use and disclosure of personal information please contact the FOI Administrator at FOI@burnaby.ca\_or by calling 604-294-7944 or in person at City Hall at 4949 Canada Way, Burnaby.