

Building and Planning Services Department 82 Erie Street, 3rd Floor Stratford ON N5A 2M4

> (519) 271-0250 Ext. 345 building@stratford.ca planning@stratford.ca www.stratford.ca

Request for New or Change of Municipal Address		
For Office Use:		
File Number:	Date Accepted:	
Related File Number(s):		
•	ow to assign an address, or to request a change of sible for posting the address in accordance with By-law	
Prescribed fee (per the debit or credit card)	or New or Change of Municipal Address Form Fees and Charges By-law, as amended; cash, cheque, wing of the subject lands	
•	or the Subject Lands.	
Street Address		
Unit Numbers/Letters		
Legal Description		
Requested Municipal Addı	ress:	
Street Address		
Unit Numbers/Letters		
Legal Description		
Reason for requesting a change of municipal address of the subject lands, as well as any related file numbers (Severance, etc.)		



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Supporting Documents Pr Draft Reference Plan Ground Floor Plan	rovided (check all that apply): Plan of Survey Site Plan
Deposited Reference Pl	an Other:
Registered Property Owne	er's Information:
Mailing Address	
Email Address	
Applicant's Information (if	f different than Registered Property Owner):
Mailing Address	
Email Address	
Declaration: I hereby declare the following	:
	ner of the subject lands
The information include	ent of the registered owner of the property ed in this application and in the documents filed with this to the best of my knowledge.
Signature	Date

Notice of Collection

The personal information collected on this form is collected by the Corporation of the City of Stratford under the authority of the Municipal Act, 2001, and will be used by Infrastructure and Development Services staff and City Council for the purpose of making a decision on this application, and will be made available for public disclosure.



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Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, Ontario, N5A 6W1, or by telephone 519-271-0250 ext. 5329 during business hours.