

Rural Municipality of Riding Mountain West

MAILING ADDRESS CHANGE FORM

(PLEASE COMPLETE THIS FORM IN ALL CAPS TO AVOID ERRORS)

*Please only fill in the section that pertains to you

Property Owner(s): _____

Requestor/Relationship to Owner (If different from above):

Prior Mailing Address: _____

New Mailing Address: _____

Civic Address/ Legal Description: _____

Phone: _____ Email: _____

Additional Info: _____

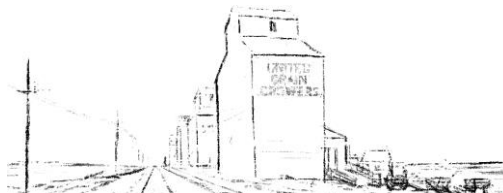
Office Use Only

Processed By: _____ Date: ____/____/____

Updated in MMO:

Updated in Munisoft:

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