Address Change Form

If you are moving into/out of Balgonie, please fill out this form and submit it to townofbalgonie@sasktel.net.

Name(s) of Residents movi	ng INTO/OUT OF Balgonie:		
Moving INTO Address/Mov	ring FROM Address:		
Moving into Date/Vacating	Date:		
Forwarding Address:			
Home Phone #:	Cell 1:	Cell 2:	
E-mail Address:			
If you are moving, please ir	ndicate your final water met	er read:	
For Office Use Only:			
Connection Fee Collected?	Yes No		
If applicable, was the Welco	ome to Balgonie Package pr	ovided to the resident? Yes	□ No □