

# Request for Mailing Address Change

This form is used to notify PVSC of mailing address updates. It cannot be used to make ownership changes.

## Property and Customer Information

Parcel ID(s): \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Customer #: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Name: \_\_\_\_\_  
 \_\_\_\_\_ Owner #: \_\_\_\_\_  
 Attention: \_\_\_\_\_

## New Mailing Address

Address format:  Canadian  US Standard  International  
 Civic #: \_\_\_\_\_ Street direction: \_\_\_\_\_  
 (house #) (i.e. SW / East / North etc.)

Street name: \_\_\_\_\_ Street type: \_\_\_\_\_  
 (i.e. Avenue / Road / Blvd etc.)

Building type:  Apartment  Suite  Unit Unit/Apartment #: \_\_\_\_\_

Address 1: \_\_\_\_\_ *International use only*

Address 2: \_\_\_\_\_ *(PO Box / RR #)*

Address 3: \_\_\_\_\_ *International use only*

City / Community: \_\_\_\_\_

Province / State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*(Signature required)* *(Required)*

### Office use only

Municipality: \_\_\_\_\_ Date sent: \_\_\_\_\_

Input by: \_\_\_\_\_ Jur: \_\_\_\_\_ Date input: \_\_\_\_\_

### Submit completed forms to PVSC by:

**Mail:** 6 – 15 Arlington Place, Truro NS, B2N 0G9

**Fax:** 1-888-339-4555 (within North America)  
 1-902-893-6101 (outside North America)

**Email:** [inquiry@pvsc.ca](mailto:inquiry@pvsc.ca)

### Questions? Contact PVSC:

**1-800-380-7775** (within North America)

**1-902-893-5800** (outside North America)

[www.pvsc.ca](http://www.pvsc.ca)