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 email or mail at:	Questions? Contact PVSC:
Email: inquiry@pvsc.ca **Mail:** 6 – 15 Arlington Place, Truro NS, B2N 0G9 **Note:** As of January 1, 2027, PVSC no longer sends or receives documents by fax.	**1-800-380-7775** (within North America) **1-902-893-5800** (outside North America) www.pvsc.ca