

## CHANGE OF ADDRESS REQUEST FOR BUSINESSES



This form allows you to notify the Yukon government departments or branches you specify of a change of address. It also allows you to notify the City of Whitehorse. These changes will be sent to the departments identified, which will update their records. Use of this form is optional. You may still contact departments or branches directly to update your address.

**Please print. Provide as much information as possible and provide your signature below.**

**1** On what date do you want this change to take effect? \_\_\_\_\_ (year/month/date)

<b>2</b> Previous address	<b>3</b> New address
Street address _____	Street address _____
City or town _____	City or town _____
Territory or Province _____ Postal code _____	Territory or Province _____ Postal code _____
Telephone _____ Fax _____	Telephone _____ Fax _____
Email _____ Website _____	Email _____ Website _____
Mailing address _____ (if different from above) _____ Postal code _____	Mailing address _____ (if different from above) _____ Postal code _____

**4** Registered business name (provide as many as apply)

\_\_\_\_\_

\_\_\_\_\_

Proprietor/Partner name(s) \_\_\_\_\_

**(Note: Non Profit and Societies: A letter signed by two Board Members is required.)**

**5 Please specify which departments or branches you wish to notify of your change of address.**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>City of Whitehorse (Business)</b><br><br><input type="checkbox"/> Lands (Provide land information in section 7)<br><input type="checkbox"/> Property Assessment Branch (Provide land information in section 7)<br><input type="checkbox"/> Vehicle Registration (provide plate numbers in section 6)<br><input type="checkbox"/> National Safety Code (Weigh Stations and Enforcement)<br><br><input type="checkbox"/> Mineral Resources Branch<br><input type="checkbox"/> Oil and Gas Resources Branch<br><input type="checkbox"/> Trade and Investment Branch<br><input type="checkbox"/> Yukon Business Directory<br><br><input type="checkbox"/> Contractor's Plan Deposit System<br><input type="checkbox"/> Government Source List<br><input type="checkbox"/> Purchasing<br><input type="checkbox"/> Queen's Printer (Subscription Services)<br><br><input type="checkbox"/> Environmental Health Services | <input type="checkbox"/> Finance (Business)<br><br><input type="checkbox"/> Corporate Affairs [proprietors and partnerships]<br><br><input type="checkbox"/> Consumer Services [licences and appointments]<br><br><input type="checkbox"/> Tourism Industry Services [Vacation Guide advertisers]<br><br><input type="checkbox"/> <b>Yukon Liquor Corporation</b><br><br><input type="checkbox"/> <b>Yukon Water Board Licence #</b> _____<br><br><input type="checkbox"/> <b>Yukon Workers' Compensation Health and Safety Board</b><br><input type="checkbox"/> Employer Assessments<br><br><input type="checkbox"/> Agriculture Branch (Business)<br><input type="checkbox"/> Environmental Protection and Assessment (Business) |
|--|---|

**6 Vehicle registration** (if applicable)

Specify the plates you wish to have updated \_\_\_\_\_

**7 Land information** (if applicable)

Name under which title is registered \_\_\_\_\_ Lot no. \_\_\_\_\_ Block no. \_\_\_\_\_ Plan no. \_\_\_\_\_

Area (subdivision, municipal address) \_\_\_\_\_ Municipality \_\_\_\_\_

**8** I acknowledge that I am submitting this information voluntarily to update my address information with the departments and branches specified.

\_\_\_\_\_

Print name

Signature

Date

**Return this form to the Inquiry Centre at 2071 Second Avenue, Whitehorse or to any Yukon government office, or mail it to:**

Inquiry Centre, Administration Building, Government of Yukon, C-21A  
Box 2703, Whitehorse, Yukon Y1A 2C6

For more information call: (867) 667-5812  
or toll free at 1-800-661-0408, Fax: (867) 393-6295 or www.gov.yk.ca

**Notice:** Information is collected for the purpose of updating address information. Queries about this initiative should be directed to: Inquiry Center As Above.

**FOR OFFICE USE ONLY**

Mail code of receiving department \_\_\_\_\_

Date received \_\_\_\_\_

Form entry queries \_\_\_\_\_

Processed \_\_\_\_\_ No. of departments \_\_\_\_\_