Yukon Government

CHANGE OF ADDRESS REQUEST FOR INDIVIDUALS

City of Whitehorse

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)

2 **Previous address**

Street address _____

City or town _____

Territory or Province _____ Postal code _____

Telephone (evening) _____ (daytime) _____

Mailing address (if different from above) _____

Postal code _____

3 **New address**

Street address _____

City or town _____

Territory or Province _____ Postal code _____

Telephone (evening) _____ (daytime) _____

Mailing address (if different from above) _____

Postal code _____

4 **Provide full, legal names of the members of your household for whom this change of address request is being made.**

	Surname	First name and middle name	Date of birth (y/m/d)	Driver's licence number (if applicable)	Yukon Health Care Insurance Plan no. (if applicable)
1.					002-
2.					002-
3.					002-
4.					002-
5.					002-

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

Notes The Motor Vehicles office will change your address in their electronic file. If you wish to add your new address to your driver's license, you may do so at any Motor Vehicle office, free of charge. (must be a Yukon address)

This section to be filled out only if Departments already have you in their database.

- ☐ Driver's Licence (provide driver's licence number in section 4)
- ☐ Vehicle Registration (provide plate numbers in section 6)
- ☐ Lands (provide land information in section 7)
- ☐ Property Assessment Branch (provide land information in section 7)
- ☐ Public Service Commission
- ☐ Social Assistance (Adult Services)
- ☐ Agriculture Branch
- ☐ Apprenticeship training programs
- ☐ Artsnotes and Arts mailing list
- ☐ Boards and committees contacts
- ☐ **City of Whitehorse** (General)
- ☐ Consumer Services (specify your profession) _____
- ☐ Environmental Protection and Assessment

- ☐ Government of Yukon Employee? Employee number
  Department or Branch _____ Internal Mail Code _____
- ☐ Hearing Services
- ☐ Hunting, fishing, trapping permits and licenses
- ☐ Maintenance Enforcement (i.e. child maintenance)
- ☐ School councils contact list
- ☐ Jury selection (Sheriff's Office)
- ☐ Student Financial Assistance and Awards
- ☐ Health Centres
- ☐ Whitehorse Public Library/ Yukon Public Libraries
- ☐ Women's Directorate
- ☐ Health Care Insurance (Yukon)
- ☐ Yukon Housing Corporation
- ☐ Yukon Water Board Licence # _____
- ☐ Yukon Workers' Compensation Health and Safety Board Claimant Services

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 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** _____

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