

CHANGE OF ADDRESS REQUEST FOR INDIVIDUALS



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 informa	ation as possible and r	provide your	signature b	elow.		
On what date do you want this change to take	e effect?		(year/month/c	date)		
Previous add	iress	3		New addre	ess	
Street address		Street add	iress ———			
City or town —		- City or f	- City or town			
Territory or Province — Postal	al code	- Territory or Prov	vince ————	Post	stal code	
Telephone (evening)(day	.ytime)	Telephone (ever	ning) ————	(c'	daytime)	
Mailing address			Mailing address			
(if different		(if diffe	erent		stal code	
			oove)			
Provide full, legal names of the members	Pirst name and mid		Date of birth (y/m/d)	Driver's licence	ruest is being made. Yukon Health Care Insurance Plan no. (if applicable)	
1					002-	
2					002-	
3					002-	
4					002-	
5			<u> </u>		002-	
Please specify which departments or	hranches you wish to	notify of you	r change of	f address.	1	
. , .					' '- '- ''- ones you may do eo	
Notes The Motor Vehicles office will change yo at any Motor Vehicle office, free of charge			J add your new	address to your ur	Tiver's license, you may uo so	
This section to be filled out only if Departmentheir database.	nts already have you in			ployee? Employee		
☐ Driver's Licence (provide driver's licence num	har in eaction 4)	•		In	nternal Mail Code	
☐ Vehicle Registration (provide plate numbers	,	☐ Hearing Ser				
☐ Lands (provide land information in section 7)	,	•		permits and licens		
☐ Property Assessment Branch (provide land in	'			it (i.e. child mainter st	nance)	
☐ Public Service Commission		_	incils contact lis ion (Sheriff's Of			
☐ Social Assistance (Adult Services)			,	nce and Awards		
☐ Agriculture Branch		☐ Health Cent		ICE driu Awa		
☐ Apprenticeship training programs				/ Yukon Public Libi	raries	
☐ Arts mailing list		☐ Women's Di	_	Tune	anco	
☐ Boards and committees contacts			e Insurance (Yu	ukon)		
☐ City of Whitehorse (General)		☐ Yukon Hous	sing Corporatio	on		
☐ Consumer Services (specify your profession) ☐ Environmental Protection and Assessment)	☐ Yukon Wate	er Board Licenc	ce #		
☐ Environmental Protection and Assessment		☐ Yukon Work Services	ters' Compensa	ation Health and S	Safety Board Claimant	
Vehicle registration (if applicable) ☐ Specify the plates you wish to have update	ed					
,						
Land information (if applicable)				Black no	Dlanna	
Name under which title is registered						
Area (subdivision, municipal address)						
I acknowledge that I am submitting this inform	nation voluntarily to update	e my address in	formation with	ı the department	s and branches specified.	
Print name		Signatu	ture		Date	
Return this form to the Inquiry Centre at 2071 Second Avenue or to any Yukon government office, or mail it to:				ICE USE ONLY of receiving departn	ment	
Inquiry Centre, Administration Building, Government of Yukon, Box 2703, Whitehorse, Yukon Y1A 2C6			Date receiv			
For more information or toll free at 1-800-661-0408, Fax:	ov vk ca	Form entr	Form entry queries			
Notice: Information is collected for the purpose of upda	, ,	•	Processe	Processed No. of departments		

directed to: Inquiry Center As Above.