



Building and Planning Services Department  
 82 Erie Street, 3<sup>rd</sup> Floor  
 Stratford ON N5A 2M4

(519) 271-0250 Ext. 345  
 building@stratford.ca  
 planning@stratford.ca  
 www.stratford.ca

## Request for New or Change of Municipal Address

For Office Use:

File Number: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

Related File Number(s): \_\_\_\_\_

Please complete the form below to assign an address, or to request a change of address. The owner is responsible for posting the address in accordance with By-law #47-2008, as amended.

**Please submit the following with your application:**

- A completed Request for New or Change of Municipal Address Form
- Prescribed fee (per the Fees and Charges By-law, as amended; cash, cheque, debit or credit card)
- Site Plan, survey or drawing of the subject lands

**Current Municipal Address of the Subject Lands:**

Street Address	
Unit Numbers/Letters	
Legal Description	

**Requested Municipal Address:**

Street Address	
Unit Numbers/Letters	
Legal Description	
Reason for requesting a change of municipal address of the subject lands, as well as any related file numbers (Severance, etc.)	



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**Supporting Documents Provided (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Draft Reference Plan     | <input type="checkbox"/> Plan of Survey |
| <input type="checkbox"/> Ground Floor Plan        | <input type="checkbox"/> Site Plan      |
| <input type="checkbox"/> Deposited Reference Plan | <input type="checkbox"/> Other: _____   |

**Registered Property Owner's Information:**

Name	
Mailing Address	
Phone Number(s)	
Email Address	

**Applicant's Information (if different than Registered Property Owner):**

Name	
Mailing Address	
Phone Number(s)	
Email Address	

**Declaration:**

I hereby declare the following:

- I am the registered owner of the subject lands
- I am the authorized agent of the registered owner of the property
- The information included in this application and in the documents filed with this application are correct to the best of my knowledge.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Notice of Collection**

The personal information collected on this form is collected by the Corporation of the City of Stratford under the authority of the Municipal Act, 2001, and will be used by Infrastructure and Development Services staff and City Council for the purpose of making a decision on this application, and will be made available for public disclosure.



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Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, Ontario, N5A 6W1, or by telephone 519-271-0250 ext. 5329 during business hours.