

**NORTH SALT SPRING WATERWORKS DISTRICT
END OF TENANCY – CHANGE OF INFORMATION**

Water Acct. # _____ DATE: _____
Move Out Date: _____

PHYSICAL ADDRESS

Street _____ Unit # _____ Postal: V8K _____

CURRENT TENANT NAME(S)

Last Name #1 _____ First Name #1 _____
Last Name #2 _____ First Name #2 _____

CURRENT TENANT CONTACT INFO

Phone # 1 _____ Phone # 2 _____
Email _____

FORWARDING ADDRESS

Street _____ Unit # _____ Postal: _____

TENANT
SIGNATURE: _____

Effective Date: _____

LANDLORDS NAME(S)

Last Name #1 _____ First Name #1 _____
Last Name #2 _____ First Name #2 _____

LANDLORD'S MAILING ADDRESS:

Street _____ Unit # _____
City _____ Postal Code _____
Country _____ Phone # _____
Email: _____

LANDLORD
SIGNATURE: _____