

**Address of Property:**

|            |             |                |
|------------|-------------|----------------|
| Street No. | Street Name | Suite/Unit No. |
|------------|-------------|----------------|

I, \_\_\_\_\_, am the registered owner of the above-  
First and Last Name  
 referenced property, and **I hereby authorize the City of Vancouver** to process a request to change an address submitted by the agent referenced below:

**Owner's Agent Information:**

|              |             |           |                |
|--------------|-------------|-----------|----------------|
| First Name   |             | Last Name |                |
| Street No.   | Street Name |           | Suite/Unit No. |
| City/Town    |             | Province  | Postal Code    |
| Phone Number |             | Email     |                |

I hereby release the City of Vancouver, its employees and agents, from any and all claims whatsoever which may arise as a result of this change of address request.

I am nineteen years of age or older.

Date Form Completed: \_\_\_\_\_.  
Month/Day/Year

**Witnessed By:**

|              |             |            |                |
|--------------|-------------|------------|----------------|
| First Name   |             | Last Name  |                |
| Street No.   | Street Name |            | Suite/Unit No. |
| City/Town    |             | Province   | Postal Code    |
| Phone Number |             | Occupation |                |

**Please note this authorization will expire six months from the above date.**