

Name:

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P: 780-864-3998
clerk@townofspiritriver.ca

## Primary Contact Information Change Form

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|------------------|----------------------|-------------|
|                  |                      |             |
|                  | Address Change       |             |
| Mailing Address: |                      |             |
| City:            | Province:            | Postal Code |
|                  |                      |             |
| Home:            | Phone Number Change  |             |
|                  |                      |             |
| Cell:            |                      |             |
| Work:            |                      |             |
|                  |                      |             |
|                  | Email Address Change |             |
| Email:           |                      |             |
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