



TOWNSHIP OF THE ARCHIPELAGO
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NOTIFICATION OF CHANGE OF CONTACT INFORMATION

Name: _____

New Address: _____

E-Mail Address _____

Home Telephone # _____

Work Telephone # _____

Cottage Telephone # _____

Cell # _____

Effective Date of Change: _____

Roll Numbers: _____

Owner's Signature

Date:

Notification of change of address may be mailed to the above address, faxed to 705-746-7301 or e-mailed to finance@thearchipelago.ca