



**EMERGENCY SOCIAL SERVICES  
CHANGE OF INFORMATION**

EFFECTIVE DATE OF CHANGE (YYYY MMM DD)

The personal information is collected on this form under the authority of the *Emergency Program Act* and is necessary for administrative purposes and may be shared with other public bodies, organizations and/or agencies to enable the provision of emergency services. Disclosure of personal information is subject to the provision of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection, use or disclosure of the information should be directed to: ESS Program Office, PO Box 9942 Stn Prov Govt, Victoria, B.C. V8W 9R2 Phone: 1-800-585-9559

CHANGE OF INFORMATION TAKEN:  IN PERSON  BY PHONE AT:  RECEPTION CENTRE  CENTRAL REGISTRY

LAST NAME (FAMILY REPRESENTATIVE)		FIRST NAME (FAMILY REPRESENTATIVE)		ESS FILE #	
LAST NAME (PERSON REPORTING CHANGE IF DIFFERENT FROM ABOVE)		FIRST NAME (PERSON REPORTING CHANGE)		PLACE OF REGISTRATION	
PRE-DISASTER ADDRESS			POSTAL CODE	TELEPHONE ( )	

CHANGE OF INFORMATION:  ADD  CHANGE  DELETE

<input type="checkbox"/>	CHANGE OF ADDRESS:	POSTAL CODE
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<input type="checkbox"/>	CHANGE OF CONTACT NUMBERS:	( )	( )
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<input type="checkbox"/>	OTHER CHANGES:
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INTERVIEWER'S FIRST NAME AND LAST INITIAL (PLEASE PRINT)	DATE (YYYY MMM DD)
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