# Type of contact: *Select the contact to update*

**Company Identification**

No. : *ÉEQ 5 digit number*

Company name: *Name of your company or organisation*

## Billing Address

|  |
| --- |
| Address : *Street number and name* |
| Address 2 : *Suite or unit number* |
| City : *City name* |
| Province/State : *Province or State name* | Zip Code : *Zip code* |

**New Contact Information**

|  |  |  |
| --- | --- | --- |
| [ ]  Ms. [ ]  Mr. | Last Name: *Last name* | First Name: *First name* |
| Title: *Current position or title* | Prefered language: [ ]  *EN* [ ]  *FR* |
| Phone: *Number* | Ext.: *#*  |
| Email address: *example@example.com* |

### [ ]  *Check this box to subscribe to ÉEQ’s Newsletter*

**Mailing Address**

[ ]  *Check this box if identical to the billing address*

|  |
| --- |
| Address : *Street number and name* |
| Address 2 : *Suite or unit number* |
| City : *City name* |
| Province/State : *Province or State name* | Zip Code : *Zip code* |

### Effective date: *Click here to enter a date*

|  |  |
| --- | --- |
|  |  |
|  | Title : *Current position or title* |
|  | First name : *First name* |
|  | Last Name : *Last name* |
|  | Email : *example@example.com* |

*Once duly completed, please return this document to ÉEQ by email at* *service@eeq.ca**.*