AMK Associates International Ltd.
Kanata, Ontario, Canada

D D S W M M
Dual Drainage Storm Water Management Model

CHANGE OF OWNER AND NEW ADDRESS FORM

Fax to: ***613-270-8661***

or *E-mail to: registration@amki.on.ca*

S/N _____

DDSWMM Release _____

PREVIOUS OWNER:

Name: _____

Company: _____

Address: _____

City: _____ *Province/State* _____ *Postal/Zip Code* _____

Country _____ *Tel:* _____

E-mail _____ *Fax:* _____

NEW OWNER:

Name: _____

Company: _____

Address: _____

City: _____ *Province/State* _____ *Postal/Zip Code* _____

Country _____ *Tel:* _____

E-mail _____ *Fax:* _____

I acknowledge I have destroyed all copies of DDSWMM in accordance with the terms of the DDSWMM license agreement and transferred my ownership rights.

Previous Owner Signature: _____ *Date* ____/____/____
DD MM YY

I agree to the terms of DDSWMM License Agreement.

New Owner Signature: _____ *Date* ____/____/____
DD MM YY