



MUNICIPALITY OF DYSART ET AL 46-24

135 Maple Ave. PO Box 389  
Haliburton, ON K0M 1S0

ADDRESS CHANGE FORM

ASSESSMENT ROLL #(S) \_\_\_\_\_

(PLEASE LIST ALL ROLL #'s THAT APPLY)

OWNER NAME(S) \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NEW ADDRESS We must now comply with Canada Post addressing standards**

STREET \_\_\_\_\_

City Addresses: Need apt/suite number if applicable and street# and name

PO BOX \_\_\_\_\_

If Just PO & not rural route, write PO BOX # (civic address not required)

CITY/TOWN \_\_\_\_\_

PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

By checking this box, I authorize the Municipal office to provide my new mailing address to the Municipal Property Assessment Corporation (MPAC). PLEASE NOTE: By leaving this box unmarked, the property owners acknowledges they are responsible for contacting MPAC directly to update their current mailing address

**OWNERS' SIGNATURE:** \_\_\_\_\_

**DATE SIGNED:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_

Completed form can be mailed, faxed (705-457-1964) or scanned & emailed ([tax@dysartetal.ca](mailto:tax@dysartetal.ca)) back to our office.  
**No pictures (jpeg files) of the form accepted.**

**FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW:**

RECEIVED CHANGE FROM: \_\_\_\_\_ IN PERSON/DROP SLOT \_\_\_\_\_ MAIL/EMAIL

CHANGE RECEIVED BY: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

CHANGED IN COMPUTER \_\_\_\_\_ DATE CHANGED: \_\_\_\_\_

COPIED & SENT TO MPAC ON \_\_\_\_\_