

MUNICIPALITY OF DYSART ET AL 46-24

ADDRESS CHANGE FORM

ASSESSMENT ROLL #(S) _____

(PLEASE LIST ALL ROLL #'s THAT APPLY)

OWNER'S NAME(S) _____

ADDRESS CHANGE REQUESTED BY: _____

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 _____

OWNERS' SIGNATURE: _____

DATE SIGNED: _____

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW:

RECEIVED CHANGE FROM:

DATE CHANGE EFFECTIVE:

- _____ ASSESSMENT OFFICE
- _____ SOLICITOR
- _____ IN PERSON
- _____ TELEPHONE
- _____ MAIL

NOTIFIED OF TAX BALANCE

CHANGE RECEIVED BY: _____

DATE RECEIVED: _____

CHANGED IN COMPUTER _____ DATE CHANGED: _____

COPIED & SENT TO MPAC ON _____