



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) _____

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: _____

Completed form can be mailed, faxed (705-457-1964) or emailed (tax@dysartetel.ca) back to our office.

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW:

RECEIVED CHANGE FROM: _____ DATE CHANGE EFFECTIVE: _____
ASSESSMENT OFFICE _____

SOLICITOR _____

IN PERSON _____

MAIL _____

NOTIFIED OF TAX BALANCE []

CHANGE RECEIVED BY: _____

DATE RECEIVED: _____

CHANGED IN COMPUTER _____ DATE CHANGED: _____

COPIED & SENT TO MPAC ON _____