



**Municipality of
Magnetawan**

4304 Highway 520 PO Box 70, Magnetawan, ON P0A 1P0
Phone: 705-387-3947 Fax: 705-387-4875

APPLICATION FOR CIVIC ADDRESS

Authorized under By-law 2021-40 Magnetawan 911/Civic Address

Name: _____

Mailing Address: _____

Phone Number: _____

Property Roll #: _____

Lot: _____ **Concession:** _____

Street / Access: _____

Fees as per Current Fees Bylaw

Signature

Date

I certify that all information on this application is true to the best of my knowledge and further, that I have read, understand and will fulfill my obligations under the Municipality's By-law 2021—40 Magnetawan 911/Civic Address.

Office Use Only

Civic Number Assigned: _____