



CHANGE OF ADDRESS REQUEST

DATE OF REQUEST	TAX ROLL# 4944
PROPERTY ADDRESS	LEGAL NAME(S) OF OWNERS OF PROPERTY
CURRENT MAILING ADDRESS	
NEW MAILING ADDRESS (Please include a Postal Box number if applicable)	
RESIDENCE PHONE	
PROPERTY OWNER SIGNATURE REQUIRED	DATE

By signing this Change of Address Request, I do attest that I am the lawful owner of the above noted property. As the owner, I give permission for the Municipality of Magnetawan to provide this address change to the Municipal Property Assessment Corporation.

Personal information on this form is gathered pursuant to Section 27 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, as amended. Questions about this collection should be directed to the Clerk's office at clerk@magnetawan.com or 705 387 3947 x 1001