

RECEIVE TAX BILL VIA EIVIAIL REQUEST		
DATE OF REQUEST	TAX ROLL# 4944	
PROPERTY ADDRESS		
LEGAL NAME(S) OF OWNERS OF PROP	ERTY	
CURRENT MAILING ADDRESS		
EMAIL ADDRESS		
RESIDENCE PHONE		
PROPERTY OWNER SIGNATURE REQUI	RED	DATE
By signing this Request Form, I do attest the owner, I understand that my tax bill will be paper copy sent via Canada Post. I also undersceive any municipal correspondence that is my responsibility to send payment by Municipality in the event of any changes.	directly emailed to the email address a lerstand that the email address a let was included in the tax bill mapy the due date and to update	dress stated above in lieu of a above will used to ensure that ilout. I also acknowledge that my email address with the
Send completed form via email to: treasi	irer@magnetawan com or via l	anada Post. Milinicinality of

Send completed form via email to: treasurer@magnetawan.com or via Canada Post: Municipality of Magnetawan, PO Box 70, Magnetawan ON, POA 1PO

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

For Office Use Only		
Update Customer Card with New Email \square	Scan and Save Electronically \square	