## The Corporation Of The Township Of Stone Mills

4504 County Road 4, Centreville, Ontario KOK 1 NO Tel. (613) 378-2475 Fax. (613) 378-0033 Website: www.stonemills.com



## CHANGE OF ADDRESS FORM

To Change your address please complete this form and return it to Township of Stone Mills at 4504 County Road 4 Centreville, ON KOK 1N0 or email <u>deputytreasurer@stonemills.com</u> or by fax to 613-378-0033.

Boxes outlined in red indicate a required field.

| Roll # 11-24-  | - | -   | -0000       | Roll # 11-24- | - | - | -0000 |
|--|---|-----|-------------|---------------|---|---|-------|
| Roll # 11-24-  | - | -   | -0000       | Roll # 11-24- | - | - | -0000 |
| Roll # 11-24-  | - | -   | -0000       | Roll # 11-24- | - | - | -0000 |
| Effective Date:  |   |     |             |               |   |   |       |
| Name:  |   |     |             |               |   |   |       |
| Address:   |   |     |             |               |   |   |       |
| Province:  |   | Pos | stal Code:_ |               |   |   |       |
| Phone Number:_   |   | x:  |             |               |   |   |       |
| Email:   |   |     |             | Signature:    |   |   |       |
| I,give permission to the township of Stone Mills to share<br>any mailing address changes to the Municipal Property Assessment Corporation<br>(MPAC). |   |     |             |               |   |   |       |
| <b>Declaration</b> by authorized person, if you are not the owner or if more than one owner is on title.   |   |     |             |               |   |   |       |
| I am authorized by all owners of this property to make this request to change the mailing address for Tax Billing purposes.                          |   |     |             |               |   |   |       |

Declared at \_\_\_\_\_, this day \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_