

## **Town of Penetanguishene**

10 Robert St. West, P.O. Box 5009 Penetanguishene, ON L9M 2G2 Tel. (705) 549-7453

Fax (705) 549-3743

Email: finance@penetanguishene.ca

## **CHANGE OF MAILING ADDRESS FORM**

| Name of Property Owner(s):                                |  |                                  |
|---|--|----------------------------------|
| Roll Number: 4372   |  |                                  |
| Property Address:   |  |                                  |
| New Mailing Address:                                      |  |                                  |
| ——————————————————————————————————————                    |  |                                  |
|   | (DD/MM/YYYY)   |                                  |
| Email:  | Phone:   |                                  |
| property owner consent befo<br>Municipal Property Assessm | nunicipalities will be required to confirm sharing mailing address change updatent Corporation). This requirement help reedom of Information and Protection of | ates with MPAC<br>os ensure MPAC |
| As the property owner, I consmailing address with MPAC.   | ent to The Town of Penetanguishene sl  | haring my new                    |
| Y   | No   |                                  |
| Signature of Property                                     |  | Date                             |