

## REQUEST FOR CHANGE OF **MAILING ADDRESS** Municipal taxes

## FINANCE DEPARTMENT

Note: save the file on your computer to fill out the form and send it to <a href="mailto:ramsay.louise@municipalitepontiac.ca">ramsay.louise@municipalitepontiac.ca</a>

1. Property(ies) subject of the request							
Address 1st property			Postal code		File number		
Address 2nd property				Postal code		File number	
Address 3rd property	Postal code		File number		number		
2. Information on the owner(s)							
Does the amendment apply to all owners?  (Please complete the information on the owners affected by the amendment only)							
Does the owner(s) own multiple properties?  Yes  No							
If so, should the address be char		Yes			No		
			erty ow			property owner	
Last name		Last name		1101	Last name		
Name		Name			Name		
·							
3. Mailing address and other contact information currently in our file							
Address							Apartment
City/Town		Province and country (if other than Canada)			da)	Postal code	
					)		
4. New mailing address and other contact information							
Address							Apartment
City/Town			Province and country (if other than Canada)			da)	Postal code
			(			<i></i>	1 55.00
Telephone (home)	ne (home) Telephone (other)		Ext. nu	mber	Email		
5. Comments on this change of address request							

If more than three properties, records or owners are involved in the change of address, please complete a second copy of the form.