

## Change of Mailing Address Form – Property Taxes

## **Property Information:**

Include up to 2 Roll numbers, if applicable, in the space	es provided.
Roll Number (2326-XXX-XXXXX-XXXX):Roll Number (2326-XXX-XXXXX-XXXXX):	
First Name(s):	Last Name(s):
Street Address:	City/Town:
Postal Code: Province:	Phone Number:
Email Address:	<del></del>
	ation above with the Township of Centre Wellington, cipal Property Assessment Corporation (MPAC) to update mation.
•	ove and I/We hereby authorize the Township of Centre nt Corporation (MPAC) to make changes to the mailing unt(s).
Signature(s):	Date:
Submission Information:	
Please ensure you have filled out the form comple	etely and sign.

Email: finance@centrewellington.ca Fax: 519-846-2074

In Person: Drop box outside of main doors at 1 MacDonald Square, Elora,

By Mail: 1 MacDonald Square, Elora, ON NOB 1S0

The personal information on this form is collected under the authority of the Municipal Act, 2001. The information is used for the purpose of processing your request to update the mailing contact details on your property tax account. If you have questions regarding the collection of this information, please contact the Tax Department at 519-846-9691 x 902