

## Request for Mailing Address Change

Roll Number 3650-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-0000

Property / Civic Address

Start date \_\_\_\_\_ YYYY-MM-DD

Please forward all tax bills and correspondence for the property listed above to:

In care of

Street Address / PO Box / RR#

City / Town

Province / State

Postal Code / Zip Code

Email Address

Phone Number

Yes, I consent to sharing this information with the Municipal Property Assessment Corporation (MPAC)

Owner Name

Owner Signature

Remit completed form by email to [ckar@chatham-kent.ca](mailto:ckar@chatham-kent.ca)

### Notice with Respect to Personal Information

The personal information on this form is being collected under the Authority of the Municipal Act, Section 10, for the purpose of maintaining the integrity and accuracy of our data.