



COMMISSIONER CORPORATE SERVICES
Chief Financial Officer and City Treasurer
Janice Guthrie, B. Comm, CPA CA

propertytax@citywindsor.ca

OWNER AND/OR MAILING ADDRESS CHANGE FORM

ROLL NUMBER: 3 7 3 9 - - - - - - - - - - - 0 0 0 0

TAX ACCOUNT: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

CURRENT OWNER: \_\_\_\_\_

CHANGE TO: OWNER 1 SURNAME FIRST MIDDLE

OWNER 2 \_\_\_\_\_

NOTE: A copy of the Registered Deed MUST accompany this document in order to update ownership

MAILING ADDRESS \_\_\_\_\_

CITY PROVINCE POSTAL CODE

REQUIRED CHANGES/COMMENTS: \_\_\_\_\_

SIGNATURE OF OWNER / AUTHORIZED PERSON: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME OF OWNER / AUTHORIZED PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TITLE OF AUTHORIZED PERSON (if applicable): \_\_\_\_\_

\*\*\*\*\*(FOR COMPANY OFFICIAL --Letter of Authorization Form - 2" IS REQUIRED. TO GET A COPY OF THE FORM, PLEASE VISIT https://www.citywindsor.ca/cityhall/Taxes--and-Assessment-/Pages/Requesting-Tax-Information)\*\*\*\*\*

Please complete and return this form to:

propertytax@citywindsor.ca OR
CITY OF WINDSOR, FINANCE DEPARTMENT
PO BOX 1607
WINDSOR ON N9A 6S1
OR Fax to: 519-255-7310

OFFICE USE ONLY

FORM PROCESSED BY STAFF MEMBER: \_\_\_\_\_ DATE OF UPDATE & INITIALS: \_\_\_\_\_

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 purposes of maintaining the integrity and accuracy of our data. Questions about this collection may be addressed to the 311 Call Centre.