

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: <u>3 7 3 9</u>			0 0 0 0	
TAX ACCOUNT:				
PROPERTY ADDRESS:			_	
CURRENT OWNER:			_	
CHANGE TO: OWNER 1 _	SURNAME	FIRST	MIDDLE	
OWNER 2 _				
NOTE: A copy of the Regi	stered Deed MUS	<u>ST</u> accompany this doc	ument in order to update ownership	
MAILING ADDRESS				
_				
_			·	
$\overline{\mathbf{C}}$	ITY	PROVINCE	POSTAL CODE	
REQUIRED CHANGES/COMM	MENTS:			
SIGNATURE OF OWNER / A	AUTHORIZED PE	RSON:	DATE:	
PRINT NAME OF OWNER / AU	THORIZED PERSO	N:		
PHONE NUMBER:		EMAIL ADD	EMAIL ADDRESS:	
	AL –"Letter of Autho	rization Form - 2" IS REQ	QUIRED. TO GET A COPY OF THE FORM, es/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	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 by dialing 311 or outside the city 519-255-2489.