THE TOWNSHIP OF SOUTH ALGONQUIN

Change of Address

....

....

Roll # Civic Address

.....

Property Owner

.....

Property Owner

Old Address .....

.....

New Address .....

.....

.....

....

Email Address Phone #

Signature .....

Signature .....

By signing this document, I authorize the Township of South Algonquin to provide my new address to the Municipal Property Assessment Corporation (MPAC).

In accordance with the Municipal Freedom of Information and Protection of Privacy Act, personal information is collected under the authority of the Municipal Act and will be used only for the intended purpose.