



Township of Perry

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www.townshipofperry.ca

CHANGE OF INFORMATION REQUEST FORM

Please list all properties that apply

Roll Number(s): _____

Civic Address(es): _____

PLEASE INDICATE THE DETAILS FOR THE CHANGE REQUEST BELOW

Previous Mailing Address:

Address Line 1 _____

Address Line 2 _____

City/Town, Province/State, Postal/Zip _____

Please change my mailing address to:

Address Line 1 _____

Address Line 2 _____

City/Town, Province/State, Postal/Zip _____

Phone No. _____

Email Address _____

Signature _____

**Property owner is deceased – Please change to:
THE ESTATE OF _____**

**** NOTE:** For this change to be processed, this form must be accompanied by a copy of the death certificate.**

Changes Requested / Authorized By:

Owner Name (please print) _____

Phone Number _____

Owner Signature _____

Date _____

****NOTE:** If Power of Attorney is authorizing changes a copy of the Power of Attorney documents or a letter from the estate la authorizing the individual must accompany this form unless documentation is already on file at the Municipal Office.**

Please be advised that changes to the tax roll will not be acknowledged by the Municipal Property Assessment Corporation (MPAC) without the authorization of the owner(s) on title or legal documentation.

OFFICE USE ONLY

Notified By: (circle one)

Email

Counter

Mail

Change Completed By:

Date:

Initials: