



312915 Dereham Line
R. R. # 1, Mount Elgin, ON N0J 1N0
Phone: (519) 877-2702; (519) 485-0477;
Fax: (519) 485-2932
www.swox.org

Mailing Address Change Form

Roll #: 3211 _____ - _____ - _____ - 0000

Owner(s) Name: _____

Municipal Address: _____

Current Mailing Address: (if different from municipal) _____

New Mailing Address: _____

Consent given to pass mailing address changes onto MPAC: Yes No

Owner Signature: _____ Date: _____

Name of Person Requesting Change: _____

OFFICE USE ONLY

Owner in Office Owner Called In Other: _____

Received By: _____ Date: _____

Changes Made in 'GP' By: _____ Date: _____

Changes Entered Into MPAC Spreadsheet: _____ Date: _____
Initials

Scanned into Laserfiche (F22: Taxes and Records > YYYY > Address Changes) _____
Initials