



Mailing Address Update Form

Mailing Address Change Effective as of: _____

Registered Property Owner Information:

Owner(s) Name: _____

Municipal Address: _____

Roll Number: 4364 - _____ - _____ - _____ - 0000

Water/Sewer Account Number: _____ . _____

New Mailing Address Information:

Address:	Apt/Suite:
City:	Province:
Postal Code:	

I/We consent that the change of mailing address information may be shared with other municipal departments and the Municipal Property Assessment Corporation (MPAC).

I/We are aware that by updating my mailing address, the property tax and water/sewer account will be updated. The Town of Wasaga Beach is unable to send bills to separate mailing addresses.

Signature: _____ Date Signed: _____

Please return this form to the Treasury Department at Town Hall By:

Mail/ Drop Box/ In Person: 30 Lewis Street, Wasaga Beach ON L9Z 1A1

Email: revenue@wasagabeach.com