



Change of Mailing Address Application

Mailing Address change _____	Use this form only if you own the property and want to change your mailing address.	
NAME (s) on account		
PROPERTY ADDRESS	Street/Service Address _____	
NEW MAILING ADDRESS	Street Address _____ _____	
	City _____ Prov _____ Postal Code _____	
TELEPHONE	Home phone	Business phone
	Cell phone	
Section 343(6) of the Municipal Act 2001 as amended requires any change in mailing address to be made in writing by the property owner. I hereby authorize the Town of Smiths Falls to make changes to my account as described above.		
Signature		
Signature		
For Office Use Only	TAX DEPT	WATER/WASTEWATER DEPT
TOWN OF SMITHS FALLS TAX DEPARTMENT 77 Beckwith Street North Smiths Falls ON K7A 2B8 613-283-4124	Change Recorded by: _____ Date Changed in System _____ Date Sent to MPAC _____	_____ _____ _____