



**Change of mailing address  
Application**

**Roll # 09-04-  
Water Acct #**

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