



Change of Mailing Address

Owner Name(s): 1) _____ 2) _____

Municipal Address: _____

Tax Roll No. _____

Account No. _____

Email: _____

Telephone #: 1) _____ 2) _____

Effective date of change: _____

Previous Mailing Address:

Street Address _____

Town/City _____

Province/Territory _____

Postal Code _____

New Mailing Address:

Street Address _____

Town/City _____

Province/Territory _____

Postal Code _____

I hereby request an update to my mailing address.

Authorized Signature

Date

Town of Orangeville

87 Broadway
Orangeville, ON, L9W 1K1

Email: propertytaxes@orangeville.ca

tel: 519-941-0440 ext. 7306
fax: 519-941-9569