



# Township of East Zorra-Tavistock

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## Property Tax Account Mailing Address Change Form

DATE: \_\_\_\_\_

ROLL #'S \_\_\_\_\_

\_\_\_\_\_

ALL PROPERTY OWNER NAMES: \_\_\_\_\_

\_\_\_\_\_

OLD MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

ALL PROPERTY OWNER SIGNATURES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **ADMINISTRATION USE ONLY**

DATE COMPLETED: \_\_\_\_\_

COMPLETED BY (INITIAL): \_\_\_\_\_