



**OFFICE OF THE CHIEF FINANCIAL OFFICER  
AND CITY TREASURER**

Joseph Mancina, B. Comm, CPA CGA  
Chief Financial Officer and City Treasurer

**Electronic Tax Information Registration & Change of Information**

Is this a change of information?	Y	N
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If yes, complete only those areas that require updating.

Legal Billing Name	
Billing Address	
Primary Contact Name*	
Primary Contact Job Title	
Phone #	
e-mail address	
Profession (Financial Institution/Law Office/Other)	

\*person responsible for any contact by the city in terms of account management or bill payment

With this registration, I/we hereby agree to accept all contractual terms and conditions related to the use of the City of Windsor's Electronic Tax Information System, as specified, and attest that all information provided is true and accurate. I/we also acknowledge that the signatory has the authority to bind the corporation or entity named or represented by the legal billing name above;

Date \_\_\_\_\_

Signature \_\_\_\_\_