



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

propertytax@citywindsor.ca

OWNER AND/OR MAILING ADDRESS CHANGE FORM

ROLL NUMBER: 3 7 3 9 - - - - - - - - - - - 0 0 0 0

TAX ACCOUNT: _____

PROPERTY ADDRESS: _____

CURRENT OWNER: _____

CHANGE TO: OWNER 1 SURNAME FIRST MIDDLE

OWNER 2 _____

NOTE: A copy of the Registered Deed MUST accompany this document in order to update ownership

MAILING ADDRESS _____

CITY PROVINCE POSTAL CODE

REQUIRED CHANGES/COMMENTS: _____

SIGNATURE OF OWNER / AUTHORIZED PERSON: _____ DATE: _____

PRINT NAME OF OWNER / AUTHORIZED PERSON: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

TITLE OF AUTHORIZED PERSON (if applicable): _____

*****(FOR COMPANY OFFICIAL --Letter of Authorization Form - 2" IS REQUIRED. TO GET A COPY OF THE FORM, PLEASE VISIT https://www.citywindsor.ca/cityhall/Taxes--and-Assessment-/Pages/Requesting-Tax-Information)*****

Please complete and return this form to: propertytax@citywindsor.ca OR CITY OF WINDSOR, FINANCE DEPARTMENT PO BOX 1607 WINDSOR ON N9A 6S1 OR Fax to: 519-255-7310

OFFICE USE ONLY

FORM PROCESSED BY STAFF MEMBER: _____ DATE OF UPDATE & INITIALS: _____

NOTICE WITH RESPECT TO PERSONAL INFORMATION

The personal information on this form is being collected under the authority of the Municipal Act, Section 10 for the purposes of maintaining the integrity and accuracy of our data. Questions about this collection may be addressed to the 311 Call Centre.