OFFICE OF THE CHIEF FINANCIAL OFFICER AND CITY TREASURER

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

propertytax@citywindsor.ca
E-MAIL ADDRESS

OWNER AND/OR MAILING ADDRESS CHANGE FORM

DATE: _____

ROLL NO. 37-39

MAP			SUB			PARCEL					TENANT			
											0	0	0	0

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: _____

TITLE OF SIGNING AUTHORITY: _____
*******(FOR COMPANY OFFICIAL –MUST HAVE BUSINESS CARD ATTACHED)*******

PRINT NAME: _____PHONE NUMBER: _____

Please complete and mail this form to:

CITY OF WINDSOR, FINANCE DEPARTMENT
PO BOX 1607
WINDSOR ON N9A 6S1
OR Fax to: 519-255-7310

OFFICE USE ONLY

FORM FILLED OUT 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.

Form date: 01/15