CHANGE OF MAILING ADDRESS

Taxes ☐ **Water** ☐

I _____,

owner of _____ Grimsby, ON

Roll No. 2615 ☐☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐☐

request a change of mailing address for the above property to:

_____
Street Address

_____
City Province Postal Code

I also consent that the **Town of Grimsby** can provide my new mailing address to **MPAC.** (Municipal Property Assessment Corporation).

Dated this _____ day of _____, 20 _____.

_____ _____
Owner's Signature Phone Number

Email address: _____

Access code/ PIN: _____ (Required)

Six-digit number located on the top left-hand corner of your Tax bill.

I authorize an administration fee of $22.50 to be billed to my property tax account.

***Do not complete this form if you have sold your property.**

Once completed, please return to our office in person, by fax (905) 945-5010 or by email to taxes@grimsby.ca or by mail to:
Town of Grimsby
Attention: Tax Department
160 Livingston Ave
Grimsby ON L3M 0J5