



TOWNSHIP OF MCNAB/BRAESIDE

Change of Address Form

Please print the following:

Name of Owner(s):

New Mailing Address:

Telephone No. _____

Property Description:

Roll #: 4701 _____ (Located on top left corner of tax bill)

Lot # _____ Plan # _____ Con. # _____

By signing this form, you give the municipality consent to provide your change of mailing address to the Municipal Property Assessment Corporation (MPAC).

Office Use Only

Updated in System ☐

Note added to account ☐

Roll Book Label Created ☐

Added to MPAC Listing ☐

Completed Date: _____

Staff Initials: _____

Owner Signature

Date