



**TOWNSHIP OF MCNAB/BRAESIDE
CHANGE OF ADDRESS FORM**

Please print the following:

Name of Owner(s):

New Mailing Address:

Telephone Number: _____

Property Description

Civic Address: _____

Roll # 4701 _____

Lot # _____ Con _____ Plan # _____

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

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