



**Municipality of North Middlesex**  
P.O. Box 9, Parkhill, Ontario NOM 2K0

Tel.: (519) 294-6244  
Fax: (519) 294-0573  
Email: chuckd@northmiddlesex.on.ca

**CHANGE OF MAILING ADDRESS REQUEST FORM**

**FOR TAX AND / OR WATER / SEWER ACCOUNTS**

**NOTE: ONE FORM PER ROLL NUMBER OR WATER / SEWER ACCOUNT**  
**When complete forward with original signatures to the Municipality**

I hereby direct the Municipality of North Middlesex to use the following mailing address on the tax and / or water / sewer account that I have identified below:

PLEASE PRINT

OWNER'S NAME(S):

\_\_\_\_\_

TELEPHONE NUMBER:

\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

NEW MAILING ADDRESS:

\_\_\_\_\_

CITY:

\_\_\_\_\_

PROVINCE:

\_\_\_\_\_

Postal Code:

\_\_\_\_\_

TAX ROLL NUMBER:

39 - 54 - \_ \_ \_ - \_ \_ \_ - \_ \_ \_ - 0000

(Municipal Address):

\_\_\_\_\_

Legal Description:

\_\_\_\_\_

\_\_\_\_\_

WATER / SEWER ACCT. NUMBER:

# \_ \_ \_ \_ \_

(Service Address):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated:

\_\_\_\_\_, 20\_\_\_\_

OWNERS SIGNATURE(S):

\_\_\_\_\_

\_\_\_\_\_