



CHANGE OF ADDRESS FORM

EFFECTIVE DATE _____

MUNICIPALITY ROLL NUMBER(S)

CIVIC ADDRESS OR LEGAL DESCRIPTION

OWNER'S NAME(S) _____

PREVIOUS MAILING ADDRESS:

NEW MAILING ADDRESS:

EMAIL ADDRESS:

PHONE NUMBER:

WOULD YOU LIKE US TO EMAIL YOUR TAX BILL? YES / NO

By signing this form, I verify that I give The Township of Hilton the permission to share this information with the Municipal Property Assessment Corporation.

Name: _____

Signature: _____

Email Address: _____