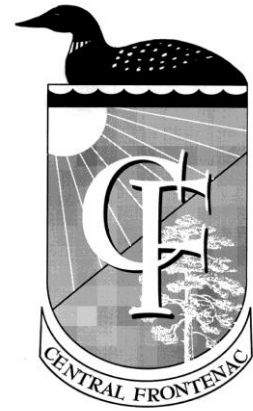


**CORPORATION OF THE
TOWNSHIP OF CENTRAL FRONTENAC
P.O. Box 89
SHARBOT LAKE, Ontario K0H 2P0**



CHANGE OF ADDRESS CONFIRMATION

Please confirm your address is as follows, and return this form to the Township of Central Frontenac, Box 89, Sharbot Lake, On, K0H 2P0. Please contact 613-279-2935 or taxes@centralfrontenac.com if you have any questions.

Roll # 10-39- - - - -0000 Effective date: _____

Name: _____

Address: _____

Town/Prov: _____ Postal Code: _____

Phone Number: _____ Fax: _____

Email: _____ Signature: _____

In order to change your address, we must have this form on file.

Thank you,
.....

Authorization If you are not the owner, or if more than one owner is on title. We require a written statement from all other owners authorizing you to act on their behalf. Please have each person sign below. You may use more than one form

I, _____, being an owner of the property on the above Roll number authorize _____ to make this request to change the mailing address for Tax Billing purposes and other notification related to this property.

Declared at _____, this ____ day of _____, 200__

Print Name

Signature