

**CORPORATION OF THE  
TOWNSHIP OF CENTRAL FRONTENAC**  
P.O. Box 89, 1084 Elizabeth Street  
SHARBOT LAKE, Ontario K0H 2P0  
[www.centralfrontenac.com](http://www.centralfrontenac.com)  
Tel 613-279-2935  
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**CHANGE OF ADDRESS CONFIRMATION**

Please confirm your address is as follows, and return this form by mail, fax or email  
[taxes@centralfrontenac.com](mailto:taxes@centralfrontenac.com)

If you have any questions, please call or email [taxes@centralfrontenac.com](mailto:taxes@centralfrontenac.com)

Roll # 10-39- - - -0000 Effective date: \_\_\_\_\_

PROPERTY CIVIC ADDRESS – 911# \_\_\_\_\_

Name: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ 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