



TOWN OF PETAWAWA
CHANGE OF ADDRESS FORM

Roll Number(s)

Name(s)

Previous Address(es)

New Address

Telephone

H:

C:

Email Address

Effective Date

☐

I hereby authorize the Town of Petawawa to release my updated address information to the Municipal Property Assessment Corporation (MPAC)

☐

I do not authorize the Town of Petawawa to release my updated address information to the Municipal Property Assessment Corporation (MPAC). I acknowledge that I change my address online at www.mpac.ca under **Making Changes and Updates**

FOR MUNICIPAL OFFICE USE ONLY

Date Received

Date Processed

Consent received by:

☐ Phone

☐ Email/Fax

☐ In Person