



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