

# TOWN OF WHITCHURCH-STOUFFVILLE

37 Sandiford Dr., 4<sup>th</sup> floor, Stouffville, On., L4A 7X5  
905-640-1900 xTreasury Dept.

Request for Change of Information to: Tax Water Account(s)

Date \_\_\_\_\_ Tax Roll # \_\_\_\_\_

Property Address \_\_\_\_\_ Water Acct # \_\_\_\_\_  
\_\_\_\_\_

OWNER:  New \*  Spelling Correction  Change of Name \*  Other  
 No Change

\* please attach supporting documents (ie copy of deed/land transfer, marriage/death certificate, or any Legal information to support this change)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS:  New mailing address  Corrections to existing address  
 No change

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_

\_\_\_\_\_

### Office Use Only

Tax Account # \_\_\_\_\_ Water Account # \_\_\_\_\_

Date Changed \_\_\_\_\_ Date Changed \_\_\_\_\_

Copy to MPAC Date \_\_\_\_\_  Copy in Customer property file