



Change of Mailing Address Form

Effective date: _____

New Address:

Name: _____

Property Address: _____

Mailing Address: _____

City, Province: _____

Postal Code: _____ Phone Number: _____

Email Address: _____

The accounts that need to be changed are:

Water Acct #: _____

Property Tax Account #: _____

Dog Tag: _____

Signature: _____

I agree to the following terms:

Your personal information is collected under the authority of sections 11(1) and 227 (c) of the Municipal Act, 2001. The personal information will be used by the Municipality of Chatsworth Staff for updating address information related to your accounts. Questions regarding this collection should be addressed to: Patty Sinnamon, 316837 Hwy. #6, R.R. #1, Chatsworth, ON N0H 1G0 5519-794-3232 x 124 Psinnamon@chatsworth.ca