



Township of Cramahe
CHANGE OF ADDRESS

Date : _____

Owner(s) Name: _____

Customer ID (Office Use) _____

Roll # 1411 - _____ - _____ - _____ - 0000

Old mailing address _____

New mailing address _____

Owner(s) signature _____

Email _____

Phone number(s) _____

Does this change apply to all owners on account? - Yes_____ No_____

Do you want us to notify MPAC? – Yes_____ No_____

Please return this completed form back to the Finance Department

In Person: Municipal Office, 1 Toronto Street, Colborne, ON

Mail: Township of Cramahe, 1 Toronto Street, PO Box 357, Colborne, ON K0K 1S0

Email: taxation@cramahe.ca