

TOWN OF FORT ERIE NAME AND ADDRESS CHANGE TAXES D WATER D

I HEREBY AUTHORIZE THE TOWN OF FORT ERIE TO CHANGE THE FOLLOWING INFORMATION:

ROLL #			
WATER ACCOUNT #			
OWNER'S NAME:			
NAME IN C/O:			
SERVICE ADDRESS:			
MAILING ADDRESS:			
HOUSE # AND STREET:			
CITY, PROVINCE:			
POSTAL/ZIP CODE:			
TELEPHONE #:			
NOTES:			
SIGNATURE:			
RECEIVED BY:		DATE:	
PROCESSED BY: (WATER	R)	DATE:	
PROCESSED BY: (TAX)		DATE:	

CONFIRMATION HAS BEEN RECEIVED THAT THE ABOVE CHANGES CAN BE SHARED WITH THE ASSESSMENT OFFICE.□