



Change of Mailing Address

Only for property owners on title

Roll Number: _____

Effective Date: Month _____ Day _____ Year _____

Name: _____

Property Address:

New Mailing Address:

Phone: _____

By signing this form, I/we hereby authorize the Municipality of Clarington to provide the mailing address change to the Municipal Property Assessment Corporation (MPAC).

Signature: _____ **Date:** _____

Mail, fax or email completed forms using the contact information below:

Municipality of Clarington
Municipal Administrative Office
Attn: Tax Department
40 Temperance St.
Bowmanville ON L1C 3A6

Fax: 905-623-4169

Email: tax@clarington.net

Corporation of the Municipality of Clarington

40 Temperance Street, Bowmanville, ON L1C 3A6 905-623-3379 www.clarington.net