



TOWN OF PETAWAWA  
CHANGE OF ADDRESS FORM

Roll Number(s)

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Name(s)

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Previous Address(es)

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New Address

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Telephone

H: \_\_\_\_\_

C: \_\_\_\_\_

Email Address

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Effective Date

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I hereby authorize the Town of Petawawa to release my updated address information to the Municipal Property Assessment Corporation (MPAC)

I do not authorize the Town of Petawawa to release my updated address information to the Municipal Property Assessment Corporation (MPAC). I acknowledge that I change my address online at [www.mpac.ca](http://www.mpac.ca) under ***Making Changes and Updates***

**FOR MUNICIPAL OFFICE USE ONLY**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Processed

**Consent received by:**

Phone

Email/Fax

In Person