

## **Change of Mailing Address Form – Property Taxes**

<b>Property Information:</b> Include up to 4 roll numbers, and/or ci	ivic addresses, if applicable, in the s	paces below:
New Address:		
First Name(s):		
Street Address:	P.O. Box:	
City/Town:	Postal Code:	Province:
Email Address:	Phone Number: _	
<b>Declaration and Consent:</b> Please note, that by updating your magare thereby giving authorization to the records with your new mailing address	e Municipal Assessment Agency (MA	
I/We are the owner(s) of the above no and conditions defined above and here Assessment Agency (MAA) to make ch my/our property tax account(s).	eby authorize the Town of Springdal	e and the Municipal
Signature(s): Date:		

## **Submission Information:**

Please ensure you have signed and filled out the form completely.

Email: <u>info@townofspringdale.ca</u>

Mail: P.O. Box 57, Springdale, NL, A0J 1T0

Fax: (709) 673-4969

In Person: 151 Main St., Springdale, NL