

Change of Address Form

Owner(s) name: _____

Tax Roll #:

4	3	4	1
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Utility Account #:

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Property Address: _____

Phone Number(s): Home: _____ Other: _____

New Mailing Address: _____

Effective Date: _____

Print Name: _____

Signature: _____

<input type="checkbox"/>	I hereby authorize the Township of Springwater to share the above mailing address change with the Municipal Property Assessment Corporation (MPAC)
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