



TOWNSHIP OF WAINFLEET  
MAILING ADDRESS CHANGE  
AUTHORIZATION FORM

ROLL NUMBER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

CURRENT NAME AND MAILING ADDRESS ON FILE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEW MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I AUTHORIZE THE TOWNSHIP OF WAINFLEET TO NOTIFY MPAC OF MAILING ADDRESS CHANGE

SIGNATURE OF OWNER/AUTHORIZED PERSON: \_\_\_\_\_

NAME OF OWNER/AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_\_

ADMINISTRATIVE USE ONLY

DATE ENTERED: \_\_\_\_\_

MPAC NOTIFICATION EMAILED: \_\_\_\_\_