

Municipality of Chatham-Kent 315 King St W PO Box 640 Chatham ON N7M 5K8 Telephone: (519)360-1998 Fax: (519)358-4534

Letter of Authorization for Property Tax

Individual or Corporate/Business

Attention: Tax Department

I/We the undersigned hereby author	orize:
Name of authorized person (please	e print)
Contact information for authorized	person named above:
Email:	
Phone Number:	
Mailing Address:	
To receive tax and/or assessment in below. A letter of authorization is r	related information for the property listed required for each roll number.
Roll Number: 3650	0000
Civic Address:	
Authorization is valid for the period	d of: to
Name* – Please Print	Signature
Name* – Please Print	
Name* – Please Print	Signature
*Owner or authorized person to bind the corporati	ion
Owner/Corporation Contact Inform	nation:
Registered Business Name (if appl	licable):
Email:	,
Phone Number:	

Please remit completed forms to:

Municipality of Chatham-Kent, 315 King St W PO Box 640, Chatham ON N7M 5K8 or by email to CKAR@chatham-kent.ca.

Notice with respect to Personal Information

The personal information on this form is being collected under the Authority of the Municipal Act, Section 10, for the purposes of maintaining the integrity and accuracy of our data.