

Roll Number 3650- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ -0000

Property / Civic Address  
\_\_\_\_\_

Start date \_\_\_\_\_ YYYY-MM-DD

Please forward all tax bills and correspondence for the property listed above to:

In care of  
\_\_\_\_\_

Street Address / PO Box / RR#  
\_\_\_\_\_

City / Town  
\_\_\_\_\_

Province / State  
\_\_\_\_\_

Postal Code / Zip Code  
\_\_\_\_\_

Email Address  
\_\_\_\_\_

Phone Number  
\_\_\_\_\_

Yes, I consent to sharing this information with the Municipal Property Assessment Corporation (MPAC)

\_\_\_\_\_  
Owner Name

\_\_\_\_\_  
Owner Signature

Remit completed form to a Municipality of Chatham-Kent Service Centre, by email to [ckar@chatham-kent.ca](mailto:ckar@chatham-kent.ca) or by mail to Attention: Accounts Receivable Department.

Where a facsimile number or e-mail is provided within this document, when transmitted electronically to a facsimile or email address, the signature(s) of the party shall then be deemed as an original signature. Personal information contained on this form is collected by The Municipality of Chatham-Kent under the authority of the Municipal Act, 2001 and will be used by Accounts Receivable Services staff for the purpose of processing your application and contacting you for property taxation related matters. Questions regarding the collection and use of this information may be directed to the Municipal Clerk, 315 King Street West, Chatham, ON N7M 5K8, or by telephone at 519.360.1998 or email to [ckclerk@chatham-kent.ca](mailto:ckclerk@chatham-kent.ca).