MUNICIPAL USE ONLY
Date Received

Municipality Of Leamington
111 Erie St. N., Leamington, ON N8H 2Z9
Tel: (519) 326-5761 Fax: (519) 326-2481
Attention: Property Tax Division

Request for Change of Tax Information

This form must be completed for each account that requires a change

Privacy Statement: Personal information on this form is collected under the authority of the Municipal Act 2001 P.S.O. c45, and will be used for account updates for property taxes. Questions about the collection of this information can be directed to the Manager of Legislative Services/Clerk, Municipality of Leamington, 111 Erie Street North, Leamington, Ontario, N8H 2Z9, Telephone: 519-326-5761.

Property Details

Roll Number

3	7	0	6	-				-	0	0	0	-					-	0	0	0	0

Municipal Address	Town

Mailing Address Change

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

Street / PO Box / RR #	City/Town
Province	**Postal Code**

Mortgage Company

☐ Please forward all tax bills to my property directly instead of to my mortgage company.

Pre-authorized Payment Plan Change

☐ from Monthly Plan to Due Date Plan effective: _____

☐ from Due Date Plan to Monthly Plan effective: _____

☐ Please note change of bank/account information as per attached effective: _____
(Void cheque required for changes in account information)

Payment Plan Cancellation

☐ I (we) wish to cancel my (our) authorization to issue pre-authorized payments against my (our) account number noted above. I (we) acknowledge that this cancellation does not terminate any other obligation that I (we) may have with the Municipality of Leamington.

**Where the Payor's account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purposes of this Payment Plan Cancellation.*

Name of Account Holder	Name of Joint Account Holder (if applicable)
Signature of Account Holder	**Signature of Joint Account Holder (if applicable)**
Date	**Date**

_____ _____
Changes Requested by (please print) Date

_____ _____
Signature Phone

*If Power of Attorney is authorizing changes, a copy of the Power of Attorney documents or a letter from the estate lawyer authorizing the individual, must accompany this form.

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Completed By
Date