

ADDRESS CHANGE FORM

(Please include Roll #'s for all properties to be changed)
(Refer to your tax bill for your Roll #)

Date: _____

Roll #: 57-24-000- _____ -0000

Roll #: 57-24-000- _____ -0000

Roll #: 57-24-000- _____ -0000

Roll #: 57-24-000- _____ -0000

Roll #: 57-24-000- _____ -0000

Roll #: 57-24-000- _____ -0000

Please change my address to:

Name: _____

Address: _____

Signature: _____

Comments: _____

Mail to:

Municipality of Huron Shores
PO Box 460
Iron Bridge ON P0R 1H0

Or Fax to:
1-705-843-2035

Any Questions? 1-705-843-2033