

Township of Douro-Dummer Address Change Form

Roll No(s).:	
Registered Owner(s):(Plea	dicate Name(s) Exactly as Shown on the Transfer/Deed of Land
Old Address:	
New Address:	
Phone:	
Email:	
Date address changed:	
If you are a seasonal resident, yo	ist choose the one address that most suits your needs.
If this address change affects mo	an one property, please indicate all roll numbers.
the deed for that transaction in o	om one family member to another, we require a copy of for us to change our records. If there was a death of one he Death Certificate in order to change our records.
	written changes of address will be accepted. Please visit ca for the form and return the completed form by:
_	Fax : 705-652-5044
	info@dourodummer.on.ca er, 894 South St., P.O. Box 92, Warsaw ON KOL 3A0.
This address change will be in ef retained in your property file.	ntil the Township is notified otherwise. A copy will be
Owner/Agent Signature	Date
Owner/Agent Signature	

Office Use Only Date Form Received: Date Address Changed:

Please Note

Only property owners or their official agents have the authority to submit a Change of Address