

AUTHORIZATION TO AMEND RECORDS

The Corporation of the Municipality of Wawa
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Attention: **TAX and WATER/SEWER DEPARTMENT**

Name of Owner(s): _____

Property Address: _____

Roll #: _____

Water/Sewer Account #: _____

THIS IS YOUR AUTHORITY TO AMEND YOUR RECORDS FOR THE ABOVE NOTED PROPERTY AS FOLLOWS:

New Mailing Address: _____

Date: _____ Signature: _____

PLEASE PRINT NAME HERE: _____

Received By: _____

Date Changes Made: Tax: _____ Initials: _____

Water/Sewer: _____ Initials: _____