



## Duplicate Tax Bill Request

Assessment Roll Number: 2 1 2 4 \_ \_ \_ \_ . \_ \_ \_ \_ . \_ \_ \_ \_ . 0 0 0 0

**Owner Name:**

**Property Address:**

**Mailing Address 1:**

**Mailing Address 2:**

A fee will be billed to the tax account for a duplicate tax bill request in accordance with the Town of Caledon Municipal Act Fees By-law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Personal information contained on this form is collected under the authority of *The Municipal Freedom of Information and Protection of Privacy Act*, and will be used for the purpose of maintaining tax records. Questions about this collection should be forwarded to the Town of Caledon Freedom of Information Co-ordinator at 6311 Old Church Road, Caledon, ON L7C 1J6, 905-584-2272.