



OWNERSHIP CHANGE

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

Property Address:

I am advising you that, effective the date of :

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| y | y | y | y | m | m | d | d |

this property is now owned by:

New Owner Name(s):

New Owner Address:

| Person Reporting Change | | |
|--------------------------|----------------|--------------|
| Last Name | | First Name |
| Law Firm (if applicable) | | |
| Street Number | Street Name | Town/City |
| Postal Code | E-mail address | Phone Number |

If anyone other than a law firm is reporting this change in ownership, please provide a copy of the deed along with this form.

A fee will be billed to the tax account of this property for this ownership change 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.