



56 Queen Street
Port Hope, ON L1A 3Z9
t: 905.885.4544
f: 905.885.1807
tax@porthope.ca

Change Mailing Address – Property Tax

Name: _____

Telephone number: _____

Customer ID: _____

Municipal Address (including Postal Code): _____

Roll Number: _____

**Please provide the preferred mailing address for the property noted above
(including Postal Code):** _____

**I hereby authorize the Municipality of Port Hope to change my mailing address to
the address identified above.**

Signature

Date

FOR OFFICE USE ONLY

Processed by

Date

*Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended. Inquiries about the collection of personal information should be directed to the Municipal Clerk.