

DISTRICT OF PARRY SOUND



28 Municipal Lane  
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POA 1Z0

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OFFICE OF THE ADMINISTRATOR

**CHANGE OF INFORMATION REQUEST FORM**

Roll Number: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Do you own more than one property in the Township of Strong? YES / NO (please circle one)

If YES please list the Roll Numbers of the other properties to which this change applies:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE INDICATE BELOW THE DETAILS FOR THE CHANGE REQUEST:**

**Please change my mailing address to:**

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City/Town, Province, Postal Code \_\_\_\_\_

**Property owner is deceased – please change to THE ESTATE OF** \_\_\_\_\_

**\*\*Note:** For this change to be processed this form must be accompanied by a copy of the death certificate\*\*

**Changes Requested / Authorized By:**

\_\_\_\_\_  
#1 Owner Name (please print)      #2 Owner Name (please print)      Dated (Owner #1)

\_\_\_\_\_  
#1 Owner Signature      #2 Owner Signature      Dated (Owner #2)

\_\_\_\_\_  
Phone Number      Phone Number

**\*\*Note:** All owners on title must authorize the change requested, please file multiple forms if necessary\*\*

**\*\*Note:** If Power of Attorney is authorizing changes a copy of the Power of Attorney documents or a letter from the estate lawyer authorizing the individual must accompany this form unless documentation is already on file at the Township\*\*

**Please be advised that changes to the tax roll will not be acknowledged by the Municipal Property Assessment Corporation (MPAC) without the authorization of the owner(s) on title or legal documentation.**

**Office Use Only:**

Change Completed by:

Date:

Initials: