



BROCKVILLE
CITY OF THE 1000 ISLANDS

Property Ownership or Mailing Address Change

Date: _____

Property Location: _____

Roll #: _____

Account #: _____

Phone #: _____

Current Property Owner: _____

Current Mailing Address: _____

New Property Owner(s): _____

Lawyer for Transaction: _____

Closing Date/Effective _____

Date of Change: _____

New Mailing Address: _____

Mortgage Company: Addition / Deletion (Please Circle)

Mortgage Company Name: _____

Signature: _____

Please submit this form to:

City of Brockville
Customer Service Office
1 King St. W.,
BROCKVILLE, Ontario K6V 7A5
FAX (613) 342-2261
Email: taxation@brockville.com
Phone: (613) 342-8772 Ext 4428