



Property Ownership or Mailing Address Change

Date: _____

Property Location: _____

Roll #: _____

Account #: _____

Phone #: _____

Current Property Owner: _____

Current Mailing Address: _____

New Property Owner: _____

Lawyer for Transaction: _____

Closing Date/Effective Date of Change: _____

New Mailing Address: _____

Mortgage Company: _____ Addition/Deletion _____ Mortgage Company Name: _____

Please Circle

Signature: _____

Please submit this form to:

City of Brockville

Revenue Office

1 King St. W

Fax: (613) 342-2261

Email: taxation@brockville.com or dscott@brockville.com

Phone: (613) 342-8772 ext 428 or ext 466