

AUTHORIZATION TO AMEND RECORDS

The Corporation of the Municipality of Wawa
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Wawa, ON P0S 1K0
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Attention:
TAX DEPARTMENT

Name of Owner(s): _____

Roll Number: _____

Property Address: _____



**THIS IS YOUR AUTHORITY TO AMEND YOUR
RECORDS FOR THE ABOVE NOTED PROPERTY AS FOLLOWS:**

New Mailing Address _____

Date: _____ Signature: _____

PLEASE PRINT NAME HERE: _____