



NOTICE OF CHANGE OF OWNERSHIP

Mail this form to: City of Cornwall
Billing & Collection Services
360 Pitt Street
Cornwall, Ontario K6H 5T9

Or fax to: 613-932-9899

Property Roll No(s).
(As shown on Tax Bill)

04 02 _____
04 02 _____
04 02 _____

Water Dept. Account No(s).
(As shown on Water Bill)

Property Address and/or Legal Description

_____ Lot _____ Plan _____

Change From (Old Owner)

Name(s)

Mailing Address

Change to (New Owner) or Miscellaneous Changes

Name(s)

Street Address

City _____ Postal Code _____

Telephone _____

Signature of Property Owner

Date _____

Office Use Only

Date Received : _____

Received By: _____

