



# TOWNSHIP OF ZORRA

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Ph. 519-485-2490 • 1-888-699-3868 • Fax 519-485-2520  
Website [www.zorra.ca](http://www.zorra.ca) • Email [admin@zorrra.ca](mailto:admin@zorrra.ca)

## Property Tax Change Request

Municipal Address: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Type of Change Requested:

New Mailing Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/Postal Code: \_\_\_\_\_

Remove Mortgage Company:

Mortgage Company: \_\_\_\_\_

Other – please describe below:

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

Change authorized by:

Name (please print): \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Authorized by signature: \_\_\_\_\_

Date request submitted: \_\_\_\_\_

Return completed form to:

Lynda Thornton, Tax Collector/Deputy Treasurer 519-485-2490 Ext. 7222 [lthornton@zorrra.ca](mailto:lthornton@zorrra.ca)

### NOTICE OF COLLECTION OF PERSONAL INFORMATION

The personal information collected on this form is collected under the authority of the *Municipal Act, 2001, S.O. 2001, c. 25*, and will be used to process your request to make a change to your property tax account. Questions about this collection should be addressed to the Director of Corporate Services [clerk@zorrra.ca](mailto:clerk@zorrra.ca)

#### For Township Use Only:

<input type="checkbox"/> Send to MPAC	CS Rep Initials	Account Number
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