

## TOWN OF BAY BULLS

## **PROPERTY INFORMATION:**

Include up to 4 roll numbers and/or civic addresses, if applicable, in the spaces provided.

NEW ADDRESS:		
First Name(s):	Last Name(s):	
Street Address:	PO Box:	
City/Town:	Postal Code:	Province:
Email Address:	Phone Number:	

## **DECLARATION AND CONSENT:**

Please note, that by updating your mailing information above with the Town of Bay Bulls, you are thereby giving authorization to the Municipal Assessment Agency (MAA) to update their records with your new mailing address.

I/We are the owner(s) of the above noted property/properties. As such, I/We accept the terms and conditions defined above and hereby authorize the Town of Bay Bulls and the Municipal Assessment Agency (MAA) to make changes to the mailing address contact information on my/our property tax account(s).

Signature(s): \_\_\_\_\_\_

Date: \_\_\_\_\_

## SUBMISSION INFORMATION:

Please ensure you have filled out the form completely and sign.

Email: info@townofbaybulls.com Fax: (709) 334-3477

In Person: 2 Southside Rd, Bay Bulls By M	1ail: PO Box 70, Bay Bulls, NL AOA 1CO
---	--