



Township of Alnwick/Haldimand

Change of Mailing Address Request Form

Tax Roll Number	1	4	5	0	-											-	0	0	0	0	0	(Appears on Final Tax Bill)
Property Address																						

Name _____

Current Mailing Address _____

New Mailing Address _____

Effective Date _____

I request for the Township of Alnwick/Haldimand to change my mailing address to the above New Mailing Address. I understand that the Township of Alnwick/Haldimand requires fifteen (15) days for processing.

Printed Name _____ Date _____

Signature _____

When the form is complete, drop off, mail or fax to:

Township of Alnwick/Haldimand
 Tax Administrator
 10836 County Road 2
 Grafton, ON K0K 2G0
 Phone: 905-349-2822 ext. 31 Fax: 905-349-3259
 Email: kmoran@ahtwp.ca

FOR OFFICE STAFF

Date Received _____ Initials _____

Date Filed _____ Initials _____