



# NAME and ADDRESS CHANGES

Corporation of the City of Belleville

169 Front Street  
BELLEVILLE, ON K8N 4M1  
Phone: 613-967-3243  
Fax: 613-967-3206  
[www.belleville.ca](http://www.belleville.ca)

Email: [tax.info@city.belleville.on.ca](mailto:tax.info@city.belleville.on.ca)

TAXATION ROLL NUMBER:

DATE (MM/DD/YYYY)

Property Owner  
Name:

\_\_\_\_\_

Property Address:  
\_\_\_\_\_

Change Name to:  
\_\_\_\_\_

Change Address to:  
\_\_\_\_\_

Email Address: \_\_\_\_\_

ADDITIONAL COMMENTS:

**Please PRINT and COMPLETE THIS FORM – ENSURE PROPER IDENTIFICATION IS ATTACHED  
DOCUMENTATION REQUIRED**

**1 – Change of NAME – must be supported by Drivers Licence; Marriage Certificate; Divorce decree etc.  
(PLEASE CONTACT A TAX DEPARTMENT REPRESENTATIVE IF YOU REQUIRE FURTHER INFORMATION.)**

**(Photocopies accepted)**

**SUBMIT COMPLETED FORM :**

**1 - Mail or Drop off your completed form along with a proper documentation to  
City of Belleville Taxation Department**

**169 Front Street  
BELLEVILLE, ON K8N 2Y8**

**or**

**2 - Fax this Form along with a Void Cheque / Bank Authorization to the attention of the TAXATION DEPARTMENT**

**APPLICANTS SIGNATURE**

\_\_\_\_\_

Personal Information on this form is collected under the authority of the Municipal Act 2001, SO 2001, c25 will be used to process your **Pre-Authorized Payment Plan Modification** request. Questions about the collection of this personal information only should be directed to the Manager of Revenue & Taxation, Taxation Department, 169 Front Street, Belleville, ON K8N 2Y8 613-967-3243

**THIS FORM CANNOT BE USED FOR CHANGE OF LAND TITLE**