



**TOWN OF LINCOLN
MAILING ADDRESS CHANGE
AUTHORIZATION FORM**

WATER ACCOUNT _____

ROLL NUMBER _____

PROPERTY ADDRESS: _____

CURRENT NAME AND MAILING ADDRESS ON FILE:

NEW MAILING ADDRESS:

SIGNATURE OF OWNER/AUTHORIZED PERSON: _____

NAME OF OWNER/AUTHORIZED PERSON: _____

DATE: _____

ADMINISTRATIVE USE ONLY

DATE ENTERED: Taxes _____ Water _____

MPAC Notification Emailed _____

mr18enquiry@mpac.ca