



Comité de gestion
de la taxe scolaire

DE L'ÎLE DE MONTRÉAL

REQUEST FOR CHANGE OF MAILING ADDRESS

(Please complete in BLOCK LETTERS)

Account number(s):

Location of property(ies):

(use a separate sheet for any additional properties)

Owner:

_____ (last name)

_____ (first name)

Effective date:

_____ (year)

_____ (month)

_____ (day)

Previous mailing
address:

_____ (number, street)

_____ (apart./office)

_____ (city)

_____ (province)

_____ (postal code)

**New mailing
address:**

_____ (number, street)

_____ (apart./office)

_____ (city)

_____ (province)

_____ (postal code)

New owner:

YES

NO

_____ (name)

_____ (signature)

_____ (telephone / home)

_____ (telephone / office)

_____ (e-mail)

V2018-05

Please send this document duly completed and signed to CGTSIM:

- by mail : Comité de gestion de la taxe scolaire de l'île de Montréal (CGTSIM)
P.O. Box 700, Chabanel station
MONTREAL, QC H2N 0B6
- by e-mail : school.tax@cgtsim.qc.ca
- by fax : 514 384-1988