



**Municipal Register – Non-Designated Property
Application Form (Correction/Removal)**

Part A: Applicant Information

Name of Registered Property Owner: _____

Address of Registered Property Owner: _____

Phone Number: _____

Email Address: _____

Part B: Property Information

Address of Subject Property: _____

Legal Description (e.g. Lot and Plan No.): _____

Part C: Removal from Municipal Register

Are you requesting removal from the Municipal Register _____ YES _____ NO

If YES,

Please provide your rationale for the property being removed from the Register.



Part D: Correction to Municipal Register

Are you requesting a correction to Municipal Register Information? _____YES _____NO

If YES, please identify what information is incorrect and provide details explaining what change you are requesting.

Declaration

I, the undersigned _____, am the authorized owner named in the above application and I certify the truth of all the statement or representations contained herein.

Signature of Property Owner

Date

Please return completed form to:

Corporate Services Department
Town Hall – Lower Level
175 Church Queen Street E.,
St. Marys, ON N4X 1B6
519-284-2340
tmckibbin@town.stmarys.on.ca