

REQUEST FOR CHANGE OF ADDRESS

or

NAME CHANGE see below*

In order to change the information on your Tax Bill, kindly return this completed form to:

**ESSEX COUNTY REAL PROPERTY TAX SERVICES
P.O. BOX 217, ELIZABETHTOWN, NY 12932**

Please Print

I/We, _____, hereby request
a change of the Tax Billing Address for the following parcel:

TOWN: _____

Tax Map # _____ Account # _____

REQUESTED TAX BILLING ADDRESS:

Signature: _____ Date: _____

***For NAME change request attach appropriate document(s), such as marriage certificate, death certificate, power of attorney**

Use space below for additional tax map numbers or other information, such as delete or add a bank code (provide name and address of bank).

Tax Map # _____ Account # _____

Tax Map # _____ Account # _____

Other: _____
