MAILING ADDRESS or NAME CHANGE REQUEST FORM

I am the current owner(s) of the property located at:	
Owners(s) Name(s):	
Property Address:	
Telephone #'s:	
Property Tax Map #:	
My Previous Mailing Address:	
☐ I hereby request that my mailing address be change	ged to:
Mailing Address:	
City/State/Zip:	
Reason Why:	
☐ I hereby request that you change my name to the documentation to change my name.	following. I have attached a certified copy of the legal
Original Deeded Name:	
Name changed to:	
ALL OWNER(S) SIGNATURE(S) REQUIRED FOR MA	AILING CHANGE: (If additional lines are needed use back of page)
Signature	Date
Signature	Date

- COPY OF ALL INDIVIDUAL OWNER(S) PHOTO ID REQUIRED - BUSINESSES MUST SEND REQUEST ON BUSINESS LETTERHEAD -

RETURN THIS FORM TO: Town of Elbridge, Assessing Dept., PO Box 568, Jordan NY 13080-0568

TAX BILLS - Failure to receive statement - Real Property Tax Law, §§922,942:

A property owner is not relieved of the responsibility for payment of taxes despite the fact that his/her name was not properly entered on the tax roll and no statement of taxes was received by him/her. Any and all penalties will apply if paid after non-penalty date.