REQUEST FOR CHANGE OF ADDRESS

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

ESSEX COUNTY
OFFICE OF REAL PROPERTY TAX SERVICES
P.O. BOX 217 - 7551 COURT STREET
ELIZABETHTOWN, NY 12932

Please Print

I/We, ______________________________, hereby make a request

to change the Tax Billing Address for the following parcel(s):

TOWN: ______________________

TAX MAP #______________________ ______________________

ACCOUNT #______________________ ______________________

REQUESTED TAX BILLING ADDRESS:

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Signature: ________________________________ Date: __________

Note: for NAME change request attach appropriate document(s) (i.e. marriage certificate, death certificate, power of atty.)

Use space below for additional tax map numbers, information or to add/delete a bank escrow code

Tax Map #____________________ Account #________________

Tax Map #____________________ Account #________________

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