

REQUEST FOR ADDRESS CHANGE

IN ORDER TO CHANGE THE INFORMATION ON YOUR
TAX BILL, YOU MUST BE THE OWNER OF RECORD.
NO CHANGES CAN BE MADE UNLESS APPROVED BY
THE OWNER. KINDLY FORWARD THIS COMPLETED
FORM TO:

FRANKLIN COUNTY REAL PROPERTY OFFICE
355 WEST MAIN STREET
MALONE, NY 12953

RE: PARCEL ID # _____

TOWN OF _____

PARCEL LOCATION _____

I, _____, HEREBY MAKE A REQUEST
TO CHANGE THE TAX BILLING ADDRESS, AS FOLLOWS:

OWNER SIGNATURE _____

DATE _____

PLEASE NOTE THAT CHANGES FOR
REMOVAL OF A NAME (DEATH) ,
CHANGE OF NAME (MARRIAGE) ,
POWER OF ATTORNEY, OR
APPOINTMENT FOR ESTATE
PURPOSES, ALL REQUIRE COPIES
OF DOCUMENTS BE FILED WITH
THIS CHANGE FORM.