

**REQUEST FOR CHANGE OF ADDRESS**

THIS FORM WILL CHANGE THE MAILING ADDRESS ONLY, NOT OWNERSHIP OF THE PROPERTY. PLEASE NOTE THAT THIS BILLING CHANGE WILL AFFECT MAILING OF ASSESSMENT NOTICES AND EXEMPTION RENEWALS, AS WELL AS TAX BILLS.

CHANGE OF NAME DUE TO A MARRIAGE OR THE DEATH OF A SPOUSE, COMPLETE THE INFORMATION BELOW AND SUPPLY A COPY OF THE MARRIAGE OR DEATH CERTIFICATE. PLEASE NOTE THIS ONLY CHANGES THE NAMES ON MAILING OF ASSESSMENT NOTICES, EXEMPTIONS RENEWALS AND TAX BILLS THIS DOES NOT CHANGE YOUR DEED.

**REASON FOR CHANGE:**

PARCEL NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

CURRENT ADDRESS (City, State, Zip): \_\_\_\_\_

NEW MAILING ADDRESS (City, State, Zip): \_\_\_\_\_

I Certify that I am the owner, trustee or person holding Power of Attorney for the owner and I authorize the above address change:

Signature/Date

Signature/Date

\_\_\_\_\_

\_\_\_\_\_

Daytime phone for owner or agent: \_\_\_\_\_

Current email address: \_\_\_\_\_

Questions or comments: \_\_\_\_\_

**RETURN COMPLETED FORM (BY MAIL OR EMAIL) TO:**

**Town of Caledonia Assessor Office**

**3109 Main Street**

**Caledonia, New York 14423**

**Attn: Tami Snyder, Assessor**

**EMAIL:** [assessor@townofcaledoniany.org](mailto:assessor@townofcaledoniany.org)

**PHONE:** 585-538-4927