

REQUEST FOR CHANGE OF ADDRESS

or

NAME CHANGE / ESCROW CHANGE *(see below)

In order to change the information on your tax bill, please return this completed form to:

**Essex County Real Property Tax Services
P.O. Box 217, Elizabethtown, NY 12932**

(If property is owned by a **Corporation, Partnership or Association**, attach Articles of Incorporation, Partnership/Operating Agreement or Resolution showing who has authority to make changes. If there is a **Power of Attorney** for the owner, a copy of such must be provided with appropriate signatory.)

Please Print

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

TOWN: _____

Tax Map # _____ Account # _____

Tax Map # _____ Account # _____

REQUESTED TAX BILLING ADDRESS:

SIGNATURE: _____ DATE: _____

Telephone: _____ Email: _____

***For NAME change requests: attach appropriate document(s), such as a marriage certificate, death certificate, power of attorney.**

Use space below for additional tax map numbers or other information, such as setting up or removal of an escrow. Please provide name and address of bank.

Tax Map # _____ Account # _____

Other: _____

