

**REQUEST TO AMEND MAILING ADDRESS
ON RECORDS FOR THE ASSESSOR
IN THE TOWN OF PALMYRA**

TO: ASSESSOR, TOWN OF PALMYRA
1180 CANANDAIGUA ROAD
PALMYRA, NY 14522

RE: MAILING ADDRESS CHANGE

PARCEL ID NUMBER: 5436____ - ____ - ____

PARCEL ID NUMBER: 5436____ - ____ - ____

PROPERTY LOCATION: _____

PROPERTY LOCATION: _____

OWNER(S) NAME: _____

CURRENT MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

PHONE NUMBER: (DAY) _____ (EVENING): _____

Please give a brief explanation if your mailing address is different from the property location.

PLEASE CHECK ONE:

The property location stated above () is **or** () is not my primary residence.

SIGNATURE

DATE

ANY REQUEST TO CHANGE YOUR MAILING ADDRESS MUST BE MADE IN WRITING.

This request must be completed and returned to the Assessor's Office in order for any change to be made to the Assessment Roll, and subsequently, to the tax receiver's records. Completion of this form will give us your authority to change your mailing address in all correspondence, notices and tax bills.