

REQUEST FOR CHANGE OF ADDRESS/NAME

(PLEASE PRINT CLEARLY)

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 Avon Assessor Office

27 Genesee Street

Avon, New York 14414

Attn: Tami Snyder, Assessor

EMAIL: tsnyder@avon-ny.org

Phone: 585-226-2425 ext 17