

TOWN OF WAWAYANDA ASSESSOR'S OFFICE
80 Ridgebury Hill Road, Slate Hill, NY 10973
Phone: (845) 355-5700 ext. 9 Fax: (845) 355-5752

WWW.TOWNOFWAWAYANDA.COM

CHANGE OF ADDRESS / ADDRESS CLARIFICATION FORM

Property Information

Section: _____ Block: _____ Lot: _____
Property Location: _____

Are you the owner of the above property? Yes ___ or No ___
If no, Reason why you are requesting change of mailing address instead of owner: _____
Name: _____ Relationship: _____

Do you reside at the property location? Yes ___ or No ___
Is this your primary residence? Yes ___ or No ___

Change my/our address from:

This address where the town delivers the mail to:

Owner(s): _____
Address: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____

To this new address:

Address: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____

NOTE: This request will result in a change in the address for your County and School taxes, Water bills and all correspondence from Town Offices.

If you own more than one parcel, please complete one form for each parcel.

Must be returned with original signature and identification.

Owner's Signature (Required): _____ Date: _____

Print Name: _____ Phone #: _____

For Office Use Only

Date forwarded: _____

Changes forwarded to:

Tax Collector: ___ Water dept. ___ DPW ___ Code Enforcement ___ Rev. 03/20