

ESSEX COUNTY REAL PROPERTY TAX SERVICES

REQUEST FOR CHANGE OF ADDRESS or NAME 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):

Municipality: _____

Tax Map # _____ Account # _____

Tax Map # _____ Account # _____

REQUESTED TAX BILLING ADDRESS:

I affirm that I have the authority to make this change request. I acknowledge that removing or changing a name for tax billing purposes DOES NOT change the current deed.

SIGNATURE: _____ DATE: _____

Telephone: _____ Email: _____

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

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.

Other: _____

