

CHANGE OF ADDRESS FORM

Town of Stratford, New York - Assessment Office

Name of Owner(s) *(Please Print)*

Date: _____

Include only the names of those whose address is changing

Owner 1: _____

Owner 2: _____

Owner 3: _____

Owner 4: _____

Phone Number

Email Address

New Address *(Print Clearly or Type)*

Tax Map Numbers *(One per Line)*

I verify that I am the owner, or authorized agent of the owner, for the above described tax parcel(s) and that the deeded owner(s) have consented to this address change.

NOTE: Agents must provide proof of authorization

Reason for Address Change *(Check 1)*

- All Correspondence
- Tax Bill Mailing Address only
- 3rd Party Notifications only

Print Name

Notary:

Authorized Signature

Must be Notarized

Return form to:

Town of Stratford
Assessment Office
120 Piseco Road PO Box 205
Stratford, NY 13470