

**REQUEST TO AMEND MAILING ADDRESS
ON RECORDS FOR THE ASSESSOR AND TAX RECEIVER
IN THE TOWN OF WARWICK**

**TO: Assessor & Tax Receiver, Town of Warwick
132 Kings Highway, Warwick, NY 10990
Warwick, NY 10990**

RE: Address Change

| |
|-----------------------------------|
| PARCEL ID: 3354____ - ____ - ____ |
| LOCATION: _____ |

| | |
|---|---------------|
| To be completed by the property owner: | |
| OWNER: _____ | |
| My mailing address should be: | |
| _____ | |
| _____ | |
| _____ | |
| Phone No.: (Day)_____ (Evening)_____ | |
| _____ Signature | _____ Date |
| Please check one: The property location () is or () is not my primary residence. | |
| Please give a brief explanation on the reverse side of this form if your mailing address is different from the location of the above property. | |

ANY REQUEST TO CHANGE YOUR 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 both Town Offices.
AddChange.wpd