



ASSESSOR'S OFFICE

Mailing Address Change Form

Please indicate the tax map number(s), property location, owner(s), old/new mailing address and a phone number below:

Tax Map Number(s): _____

Property Location(s): _____

Owner Name(s): _____

Old Mailing Address: _____

New Mailing Address: _____

Phone Number: _____

I, _____ (please print name) certify that I am the owner of the above referenced property and I have the ability to request this change of mailing address.

Signature

Date

PLEASE RETURN THIS FORM TO:

Mail: Town of Skaneateles
Assessor's Office
24 Jordan Street
Skaneateles, NY 13152

Fax: 315-685-5449

Email: acase@townofskaneateles.com