

**ASSESSOR'S OFFICE  
TOWN OF HENRIETTA  
475 CALKINS ROAD  
HENRIETTA, NY 14467  
(585) 359 - 7032  
FAX: (585) 334 - 9667**

**REQUEST FOR CHANGE OF MAILING ADDRESS**

DATE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

**CURRENT MAILING ADDRESS:**

STREET & # : \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

**CHANGE TO:**

NAME: \_\_\_\_\_

STREET & # : \_\_\_\_\_

CITY, STATE & ZIP + 4: \_\_\_\_\_

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP IF OTHER THAN OWNER: \_\_\_\_\_

DOES THIS INCLUDE A PERMANENT CHANGE OF RESIDENCY? \_\_\_\_\_

IS THIS PROPERTY VACANT? \_\_\_\_\_

IS THIS A RENTAL PROPERTY? \_\_\_\_\_

SIGNATURE: \_\_\_\_\_