

**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? _____

SIGNATURE: _____