

REQUEST FOR CHANGE OF ADDRESS
(PLEASE PRINT CLEARLY)

THIS FORM WILL CHANGE THE MAILING ADDRESS ONLY, NOT OWNERSHIP OF THE PROPERTY. PLEASE NOTE THAT THIS BILLING CHANGE WILL AFFECT MAILING OF ASSESSMENT NOTICES AND EXEMPTION RENEWALS, AS WELL AS TAX BILLS.

PARCEL NUMBER: _____

NAME: _____

CURRENT ADDRESS: _____

(City, State, Zip)

NEW MAILING ADDRESS: _____

(City, State, Zip)

REASON FOR CHANGE: _____

I Certify that I am the owner, trustee or person holding Power of Attorney for the owner and I authorize the above address change:

Signature/Date

Signature/Date

Daytime phone for owner or agent

RETURN COMPLETED FORM TO:

**Town of Avon
Attn: Assessment Office
27 Genesee Street
Avon, New York 14414**

Fax# (585)-226-9323