

**REQUEST FOR CHANGE OF ADDRESS**

**OR**

**NAME CHANGE see below\***

In order to change the information on your Tax Bill, kindly return this completed form to:

**ESSEX COUNTY REAL PROPERTY TAX SERVICES  
P.O. BOX 217, ELIZABETHTOWN, NY 12932**

Please Print

I/We, \_\_\_\_\_, hereby request  
a change of the Tax Billing Address for the following parcel:

TOWN: \_\_\_\_\_

Tax Map # \_\_\_\_\_ Account # \_\_\_\_\_

**REQUESTED TAX BILLING ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*For NAME change request attach appropriate document(s), such as marriage certificate, death certificate, power of attorney**

**Use space below for additional tax map numbers or other information, such as delete or add a bank code (provide name and address of bank).**

Tax Map # \_\_\_\_\_ Account # \_\_\_\_\_

Tax Map # \_\_\_\_\_ Account # \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_