

Change of Address Form

Town of Palatine - Assessment Department

Date: _____

Tax Map Number: _____

Name: _____

New Address: _____

Phone: _____

Email: _____

I verify that I am the owner, or authorized agent of the owner, for the above described property. I request that all correspondence be sent to the address indicated above.

Authorized Signature: _____

Print Name: _____

Return Completed Form To:

TOWN OF PALATINE
ASSESSMENT OFFICE
141 WEST GRAND STREET
PO BOX 40
PALATINE BRIDGE, NY 13428