

# Town of Day

~ASSESSMENT DEPARTMENT~  
1650 N Shore Rd  
Hadley, New York 12835  
Telephone 518-696-470  
Cell 518-744-9715

## CHANGE OF ADDRESS REQUEST FORM

**(Only the owner can submit)**

\_\_\_\_\_  
Owner of Record

\_\_\_\_\_  
Tax Parcel ID #

\_\_\_\_\_  
Owner of Record

\_\_\_\_\_  
Owner of Record

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address of Property

Current Mailing Address:

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

New Mailing address:

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

By:

\_\_\_\_\_  
Printed name of owner

\_\_\_\_\_  
Printed name of owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### OFFICIAL USE- Do not write in this area

Change from:

Individual

School

Tax Office

Utilities

Change made on \_\_\_\_\_

Notes:

***Legible Copy of driver's license MUST be submitted with request.***

***Email completed form & copy of driver's license to: [dayAssessor@townofday.com](mailto:dayAssessor@townofday.com)***