

*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@townofdaynewyork.gov](mailto:dayAssessor@townofdaynewyork.gov)*