

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	_____ Signature
_____ Date	_____ Date

OFFICIAL USE- Do not write in this area

Change from:

<input type="checkbox"/> Individual	<input type="checkbox"/> School
<input type="checkbox"/> Tax Office	<input type="checkbox"/> 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