

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:

**Real Property Office
Todd Anthony, Assessor
2693 Main Street, Suite 306
Lake Placid, NY 12946**

Please Print

I/We, _____
hereby request a change of the Tax Billing Address for the following parcel (if property is
owned by a **Corporation** or **Partnership**, attach Articles of Incorporation or Partnership/
Operating Agreement showing who has authority to make changes):

TOWN OF NORTH ELBA

Tax Map # _____

Account # _____

Requested Tax Billing Address:

Signature: _____ Date: _____

Telephone: _____ Email: _____

***For NAME change requests attach appropriate document(s), such as marriage
certificate, death certificate and 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 # _____

Tax Map # _____

Other: _____