

**REQUEST TO AMEND MAILING ADDRESS
ON RECORDS FOR THE ASSESSOR
IN THE TOWN OF VICTOR**

TO: ASSESSOR, TOWN OF VICTOR
85 EAST MAIN ST
VICTOR, NY 14564

RE: MAILING ADDRESS CHANGE

PARCEL ID NUMBER: 3248__ _ _ . _ _ - _ _ - _ _ _ _ _ _ _ _ PROPERTY LOCATION: _____
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OWNER(S) NAME: _____	
CURRENT MAILING ADDRESS: _____	
NEW MAILING ADDRESS: _____	

PHONE NUMBER: (DAY) _____ (EVENING): _____	
Please give a brief explanation if your mailing address is different from the property location.	

PLEASE CHECK ONE:	
The property location stated above () is or () is not my primary residence.	

SIGNATURE	DATE

ANY REQUEST TO CHANGE YOUR MAILING ADDRESS MUST BE MADE IN WRITING.

This request must be completed and returned to the Assessor's Office in order for any change to be made to the Assessment Roll, and subsequently, to the tax receiver's records. Completion of this form will give us your authority to change your mailing address in all correspondence, notices and tax bills.