

CHANGE OF ADDRESS/NAME

In order to change the information on your tax bill, you must be the owner of record. No changes can be made unless approved by signature of owner.

REQUEST FOR ADDRESS CHANGE TOWN OF _____ TAXMAP ID# _____

I, _____ hereby make a request to change the tax billing address as follows

Owners Signature: _____ Date: _____

*Please note that changes for removal of a name (death), change of name (marriage), Power of Attorney, or Appointment for estate purposes, all require copies of pertinent documents to be filed with this form. If the property has been sold or otherwise disposed of, please forward the bill to the new owner or return it to Franklin County and if possible please provide the name and address of the new owner.

Franklin County: franklincony.org

State Office of Real Property Services: www.tax.ny.gov/pit/property/default.htm