

TOWN OF YORKTOWN – TAX OFFICE

REQUEST FOR CHANGE OF PROPERTY IDENTIFICATION

Name: _____

Account Number: _____ **Section/Block/Lot:** _____

I, the undersigned, request/authorize that the following change(s) be made to the above identified property.

- () Change of Address (mailing) – *Indicate #1 below*
- () Remove Mortgage Institution – Send to Homeowner’s Address – *Indicate #1 below*
- () Duplicate Bill Request to the following:

Name: _____

Address: _____

#1 – ADDRESS CHANGE/DUPLICATE BILL REQUEST – MAILING

Old Mailing Address:

New Mailing Address:

Name: _____

Name: _____

Street: _____

Street: _____

City: _____

City: _____

State, Zipcode: _____

State, Zipcode: _____

Comments:

Signature: _____

Date: _____

Print Name: _____

Phone Number: _____

Office Use Only: