

(We must have a physical address of the owner to make any changes)

This form can also be used for name change

CHANGE OF ADDRESS REQUEST FORM

S/B/L: _____

**ALL LINES MUST BE FILLED
AND THERE MUST BE A
REASON FOR THE CHANGE.**

VILLAGE OF SPRING VALLEY
(OFFICE OF THE ASSESSOR)
200 NORTH MAIN STREET
SPRING VALLEY, NEW YORK 10977
PHONE: (845) 517-1154 FAX: (845) 352-1164

Date: _____

****I certify that all of the information entered on this form are true and correct (to the best of my knowledge and belief) and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the penal law relative to the making and filing of false instruments.**

Please complete all of the following information and return it to the above address. PLEASE PRINT CLEARLY. **PHOTO ID REQUIRED**

PROPERTY ADDRESS: _____ TEL. _____

NAME OF CURRENT OWNER/S (as it appears on tax bill): _____

REQUESTED BY: _____ REASON FOR CHANGE: _____

AFFILIATION TO PROPERTY (Please): Owner Manager Attorney Other (specify): _____

(OLD MAILING ADDRESS INFORMATION)

(NEW MAILING ADDRESS INFORMATION)

Owner(s): _____

Owner(s): _____

Street: _____

Street: _____

City/State/Zip: _____

City/State/Zip: _____

Did your Bank Code change? Yes No if yes, please indicate new bank _____ or new information other than mailing address _____

**Taxes will be paid by: Owner Bank

FOR OFFICE USE ONLY
Received By: _____
Date Received: _____
ID#: _____

(PLEASE SIGN AND PRINT YOUR NAME)

(Must be date stamped upon arrival in the office)

Revised 08/11 RM

-----Keep one half for your record-----

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