

CHANGE OF ADDRESS REQUEST FORM

VILLAGE OF SPRING VALLEY
OFFICE OF THE ASSESSOR
200 NORTH MAIN STREET
SPRING VALLEY, NEW YORK 10977
PHONE: (845) 352-1100 FAX: (845) 517-1205

S/B/L: _____

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 provisions of the penal law relative to 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 IS 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)
Owner(s): _____
Street: _____
City/State/Zip: _____

(NEW MAILING ADDRESS INFORMATION)
Owner(s): _____
Street: _____
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

Please sign

Print your name