

**REQUEST FOR CHANGE OF ADDRESS**

or

**NAME CHANGE see below\***

In order to change the information on you Tax Bill, kindly return this completed form to:

**Real Property Office  
Todd Anthony, Assessor  
2693 Main St, Suite 306  
Lake Placid, NY 12946**

Please Print

I/We, \_\_\_\_\_ hereby request  
A change of the Tax Billing Address for the following parcel:

TOWN OF NORTH ELBA

Tax Map # \_\_\_\_\_

Current mailing address \_\_\_\_\_

**Requested Tax Billing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*For NAME change requests attach appropriate document(s), such as marriage certificate, death certificate, and power of attorney**

**Use space below for additional tax map numbers or other information, such as delete or add a bank code (provide name and address of bank)**

**Tax Map #** \_\_\_\_\_

**Tax Map #** \_\_\_\_\_

**Other:**  
\_\_\_\_\_