

CHANGES TO ADDRESS AND/OR NAME

Make sure to sign and date this form at the bottom

Town of: _____ Tax Map No.(s): _____
 Owner(s): _____

Section 1 - Address Changes

Old Address:	New Address:

If this request is to send the bill "in care of" another individual, please state the complete name and address

Section 2 - Name Change or Name Removal (due to death of owner)

Name(s) currently listed: _____ Name changed to or removed: _____

Reason for change:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Marriage Certificate attached |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Divorce Decree attached |
| <input type="checkbox"/> Death | <input type="checkbox"/> Death Certificate attached |

Marriage certificate, divorce decree or death certificate must be attached to effectuate the change

Section 3 - Verification

I, _____, certify that I am the owner of the above real property located in Lewis County, or that I have sufficient authority vested in me to change the tax bill mailing address for said real property.

Signature: _____ Date: _____

This form and attachments can be mailed, emailed, or faxed to this office