

# CHANGE OF ADDRESS REQUEST FORM

Parcel ID#, or TM# \_\_\_\_\_

OWNER NAME \_\_\_\_\_

Phone number \_\_\_\_\_

## Property Location:

Town: \_\_\_\_\_

Street Address: \_\_\_\_\_

Prior Mailing Address \_\_\_\_\_

New Mailing Address \_\_\_\_\_

*Assessor:*

PLEASE VERIFY  
TAX BILL MAIL ADDRESS  
IS ALSO UPDATED  
IN RPS

I am the owner of record and have the right to make changes to the mailing address on this parcel.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Please fill out form, sign, date, and then mail to: Cattaraugus County Treasurer's Office  
303 Court St  
Little Valley NY 14755

We will update the records in our tax collection system, and then forward your information to your assessor.