

**REQUEST FOR CHANGE OF MAILING ADDRESS**

To: Assessor's Office  
Town of Marlborough  
21 Milton Turnpike  
P.O. Box 305  
Milton, NY 12547

Phone: (845) 795-6167 Ext. 8  
Fax: (845) 795-2031

I, \_\_\_\_\_, hereby request the following mailing address change:

SBL: \_\_\_\_\_

Old Mailing Address: \_\_\_\_\_

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

**\*Request must be signed by all owners of the property OR their legal representatives\***

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mara Rothman  
Assessor  
Town of Marlborough