

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: _____

Telephone Number: _____

Mara Rothman
Assessor
Town of Marlborough