



Assessor's Office
TOWN OF HAMLIN

1658 Lake Road
Hamlin, NY 14464
Fax (585)9649124

CHANGE OF ADDRESS REQUEST/BANK CODE REMOVAL REQUEST

TAX MAP NUMBER:

PROPERTY LOCATION:

OWNER NAME(S):

CHANGE OF ADDRESS REQUEST

I, _____, CERTIFY THAT I AM THE OWNER OF THE ABOVE REFERENCED PROPERTY AND I HAVE THE AUTHORITY TO REQUEST THIS CHANGE OF ADDRESS.

SIGNED: _____ DATE: _____

NEW STREET ADDRESS:

NEW CITY, STATE & ZIP

REMOVAL OF BANK CODE REQUEST

I, _____, CERTIFY THAT I AM THE OWNER OF THE ABOVE REFERENCED PROPERTY AND I HAVE THE AUTHORITY TO REQUEST THAT THE BANK CODE BE REMOVED FROM THIS PARCEL. BY REMOVING THE BANK CODE, I UNDERSTAND THAT THE TAX BILL WILL BE DIRECTED TO THE OWNER MAILING ADDRESS ON FILE. IT IS MY RESPONSIBILITY TO MAKE SURE THAT THE OWNER MAILING ADDRESS IS CORRECT AT TIME OF THIS REQUEST.

SIGNED: _____ DATE: _____