

Address Change Request

Owner(s): _____

Old Mailing Address: _____

New Mailing Address: _____

Property Information:

Town of _____

Tax Map No. _____

Town of _____

Tax Map No. _____

Town of _____

Tax Map No. _____

Town of _____

Tax Map No. _____

Date: _____

Signature

Print Name

Legal Authority (i.e. Owner,
POA, Executor, etc.)

Return Completed Form To: Clinton County Treasurer
137 Margaret Street, Suite 205
Plattsburgh, NY 12901