



OFFICE OF THE ASSESSOR

20 HAMMOND STREET

PO BOX 1002

PORT JERVIS, NEW YORK 12771

YVONNE E. DURYEY, SCAA
SOLE ASSESSOR

TELEPHONE: (845) 858-4094

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TDD Relay Access #711

CHANGE OF ADDRESS / ADDRESS CLARIFICATION FORM

PROPERTY INFORMATION

SECTION: _____ BLOCK: _____ LOT: _____

PROPERTY LOCATION: _____, PORT JERVIS, NEW YORK 12771

Are you the owner of the property? YES OR NO

If no, Reason why you are requesting change of mailing address instead of owner: _____

Name: _____ Relationship: _____

Do you reside at the property location? YES OR NO

Is this your primary residence? YES OR NO

CHANGE MY / OUR ADDRESS FROM:

This is where the City currently sends your mail.

OWNER: _____

Address: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

TO THIS NEW ADDRESS:

If applicable C/o: _____

Address: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

NOTE: This request will result in a change in the mailing address for your County, City, and School taxes, Water bills and all correspondence from City Offices.

If you own more than one parcel, please complete one form for each parcel.

Must be returned with original signature and identification.

Owner's Signature (Required): _____ Date: _____

Print Name: _____ Phone #: _____

For Office Use Only

Date Forwarded

Changes Forwarded to:

Tax Collector: _____ Water Dept.: _____ DPW: _____ Code Enforcement: _____