



Mailing Address Change Form

Please indicate the tax map number(s), property or properties' location, owner(s), old/new mailing address and a phone number below:

Tax Map Number(s): \_\_\_\_\_

Property Location: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (please print name) certify that I am the owner of the above referenced property and I have the ability to request this change of mailing address.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE RETURN THIS FORM TO:

Mail: Town of Skaneateles  
Assessor's Office  
24 Jordan Street  
Skaneateles, NY 13152

Fax: 315-685-5449

Email: [kbenda@townofskaneateles.com](mailto:kbenda@townofskaneateles.com)