

**TOWN OF WILLIAMSON**  
**Assessor's Office**  
**6380 Route 21, Suite 2**  
**Williamson, NY 14589**  
**Phone (315) 589-9074 Fax (315) 589-9485**

**ADDRESS CHANGE REQUEST FORM**

**Name:** \_\_\_\_\_

**Old Address:** \_\_\_\_\_

\_\_\_\_\_

**New Address:** \_\_\_\_\_

\_\_\_\_\_

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

**Tax Map Number:** \_\_\_\_\_

**Reason for change:**

\_\_\_\_\_

\_\_\_\_\_  
**Owner Signature**

\_\_\_\_\_  
**Date**