

**ASSESSOR'S OFFICE
TOWN OF PARMA
1300 HILTON PARMA CORNERS RD
HILTON NY, 14468
(585) 392-9455
FAX: (585) 392-6659**

REQUEST FOR CHANGE OF MAILING ADDRESS

DATE: _____

ACCOUNT NUMBER: _____

PROPERTY OWNER'S NAME: _____

PROPERTY ADDRESS: _____

CURRENT MAILING ADDRESS:

STREET & # : _____

CITY, STATE & ZIP: _____

CHANGE TO:

NAME: _____

STREET & # : _____

CITY, STATE & ZIP + 4: _____

EFFECTIVE DATE OF CHANGE: _____

REQUESTED BY: _____ PHONE: _____

RELATIONSHIP IF OTHER THAN OWNER: _____

DOES THIS INCLUDE A PERMANENT CHANGE OF RESIDENCY? _____

IS THIS PROPERTY VACANT? _____

IS THIS A RENTAL PROPERTY? _____

SIGNATURE: _____