

Change of Mailing Address Form

Date Requested _____

Last Name: _____ First Name: _____

| Tax Map Number'(s) (SBL) | | Complete | | | Complete |
|--------------------------|-----|----------|------|-----|----------|
| Town | SBL | | Town | SBL | |
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| Old Address: | | | New Address: | |
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Notes: _____

Mail to: Delaware County Real Property
 Tax Service
 111 Main Street
 Delhi, NY 13753

Or Fax to: (607) 832-5131

Note: This form will change the mailing address for both your School Tax bill and Your Town and County bill.