TOWN OF THOMPSON

Office of the Assessor
4052 Route 42 - Monticello, NY 12701
845-794-2500 Fax 845-794-8600

CHANGE OF ADDRESS/ADDRESS CLARIFICATION FORM

IMPORTANT - PLEASE REVIEW CAREFULLY:
Must be returned with owner's original signature, photocopy of identification, Power of Attorney or corporate documents. No change of address will occur without proper identification attached.

Property Information

PARCEL ID:_____

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

Property Location:_____

Are you the owner of the property? ☐ YES ☐ NO

If no, please explain why you are requesting a change of address instead of the owner

_____

NAME:_____ **RELATIONSHIP:**_____

Do you reside at the property location? ☐ YES ☐ NO

Is this your primary residence? ☐ YES ☐ NO

Change my/our address from:

This prior mailing address:

Owner Name _____
Address _____
_____
_____

To this new mailing address:

_____
Address _____
_____
_____

NOTE: This request will change the address for your Town and County taxes, School taxes, Water and Sewer bills, and all correspondence from Town Offices.

Owner's Signature _____ Date_____
(required)
Print Name_____ Phone #_____