

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

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 above property? ☐ Yes or 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 or No ☐

Is this your primary residence? ☐ Yes or 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 # _____