

Town of Webster

Where Life Is Worth Living!



Office of the Assessor
1000 Ridge Road, Webster, NY 14580-2917

585-872-7051
Fax 585-872-4437
www.ci.webster.ny.us

CHANGE OF ADDRESS REQUEST FORM – Non-residential

Use this form to correct or change the mailing address of a business property, not in the name of an individual (s). Requests for address changes must be in writing from the owners listed in our records. Complete one form for each property unless ALL information ("From" and "To" and owners) is identical for each requested parcel change. Changes for requests received 45 days or less before the printing of a tax bill may not appear on the next bill.

Please return completed form to the Assessment Office at address or fax number above.

*Please **print** legibly.*

Reason for request: _____

Parcel ID No. _____ ☐ Village ☐ Town

Parcel ID No. _____ ☐ Village ☐ Town

For additional parcels please attach a second form

Property Owner of Record: _____

Name of Representative completing this form: _____

Title of Representative: _____ Phone: _____

The undersigned request a change in the address on the Town assessment and tax records as follows:

Change mailing address **FROM**:

Change mailing address **TO**:

c/o _____

c/o _____

Signature of Representative:

Signature

Date

Phone

* * * * * OFFICE USE ONLY: * * * * *

UPDATES:

PRC: Address Update - DATE: _____ BY: _____ cc: Tax Dept DATE: _____ ☐ n/a

RPS: Address Update - DATE: _____ BY: _____ Roll Yr (s): _____/_____

☐ **COMIDA** to Asr