

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 - Residential

Use this form to correct or change your mailing address. Requests for address changes must be in writing from the owners listed in our records. Please complete one form for each property unless ALL information ("From" and "To" and owners) is identical for each requested parcel change. 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

Owner's Name(s): _____

Owner's Primary Residence: _____

For additional owners please attach a second form

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 _____

All Owners must sign:

Owner's Signature _____

Date _____

Phone _____

Owner's Signature _____

Date _____

Phone _____

For additional owners please attach a second form

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

UPDATES:

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

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

Exemption Rev - DATE: _____ BY: _____ Results: ☐ Removed ☐ Retained ☐ Over