

**Address Change Request**

Owner(s): \_\_\_\_\_

Old Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

New Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**Property Information:**

Town of \_\_\_\_\_ Tax Map No. \_\_\_\_\_

Town of \_\_\_\_\_ Tax Map No. \_\_\_\_\_

Town of \_\_\_\_\_ Tax Map No. \_\_\_\_\_

Town of \_\_\_\_\_ Tax Map No. \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Legal Authority (i.e. Owner, POA, Executor, etc.)

**Return Completed form to:**

**Clinton County Treasurer  
137 Margaret Street, Suite 205  
Plattsburgh, NY 12901**