



**TOWN OF MONROE**  
ASSESSOR'S OFFICE

15 Lakes Street  
Monroe, New York 10950  
Phone: (845) 782-4459 Fax: (845) 783-3622

**CHANGE OF ADDRESS / ADDRESS CLARIFICATION FORM**

**Property Information**

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Property Location: \_\_\_\_\_

Are you the owner of the above property? Yes or No

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 address: where the town delivers the mail to:

Owner(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**To this new address:**

Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**Must be returned with original signature and identification.**

Owner's Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**For Office Use Only**

**Date forwarded**

Changes forwarded to:

Tax Collector: \_\_\_\_\_ Water dept. \_\_\_\_\_ DPW \_\_\_\_\_ Code Enforcement \_\_\_\_\_