

## Town of Smithville Assessor's Office

5285 State Highway 41 Smithville Flats, NY 13841 Jeff Lowe, Assessor



## REAL PROPERTY CHANGE REQUEST

Owners Name(s):			
Tax Map Number(s) of af	~ ~		
	•		
			•
	TUWM.		
Old Address:	Section 1 - Ad	ldress Changes New Address:	
If request is to send the bill	"in care of" another in	dividual, please state complete nar	me and address.
	Section 2 - Na	ame Changes	
Name Currently listed:		Name Changed to:	
Reason for change:			
Marriage Marriage	☐ Ma	rriage Certificate enclosed	
Divorce	☐ Div	vorce Decree enclosed	
2. This change will affect the a	ssessment roll only. Steps n	ed in order to effectuate the change. nust be taken to change legal title to the	
	on 3 - Name removal o		
Names currently listed:		Name to be removed:	
Death Certificate encloses.  1. A death certificate must be each.  2. This change will affect the a	enclosed in order to effectua	ate the change. nust be taken to change legal title to th	e property.
Signature(s)		Date	
Complete and return to:	Assessor		
	Town of Smithville P.O. Box 217		

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