

Town of Washington Change of Address Form

Tax Map Number
Property Location
Owner Name(s)
New Address
City, State, Zip
Phone Number

I, _____, certify that I am the owner of the above referenced property, and I have the authority to make this change of address for all future tax bills including the school taxes.

Signature Date

Please return this form to:
Christine Briggs, Tax Collector
P O Box 667
Millbrook, NY 12545

cbriggs@washingtontny.org

If the property is owned by a Partnership, LLC or Incorporated Company, documentation must be provided to ensure the authority of the person signing this form.

