



*Town of
Washington*

Assessor Department Change of Address Form

Tax Map Number		
Property Location		
Owner Name(s)		
New Mailing Address		
City, State, Zip Code		
Phone Number(s)		
Type of Change	<input type="checkbox"/> New Address	<input type="checkbox"/> Address Correction

I, _____, certify that I am the owner or authorized representative of the above referenced property, and I have the authority to make this change of address for all future tax bills, including school tax bills and if applicable, Village of Millbrook tax bills.

Signature

Date

Please Return This Form by Mail, Email or Drop-off:

MAIL
Town of Washington
Assessor Department
PO Box 667
Millbrook, NY 12545

EMAIL
Assessor@WashingtonNY.org
OR
AssessorClerk@WashingtonNY.org

DROP-OFF
Town of Washington
10 Reservoir Drive
2nd Floor- Assessor Office
Millbrook, NY 12545

For Office Use Only:

Entered By: _____ Entered Date: _____

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