

REQUEST FOR CHANGE OF MAILING ADDRESS

TO: ASSESSOR'S OFFICE
TOWN OF MARLBOROUGH
21 MILTON TURNPIKE
P.O. BOX 305
MILTON, NY 12547

Phone: (845) 795-6167 Ex 8

Fax: (845) 795-2031

I, _____ hereby request the following mailing address change:

SBL# _____

OLD MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

Signature: _____ Date: _____

Telephone Number: _____

Cindy A. Hilbert
Assessor/Town of Marlborough