

Office of the Assessor
Phone (518) 279-7127
Fax (518) 268-1687



City of Troy NY
c/o City Assessor
433 River Street
Troy, NY 12180

REQUEST FOR CHANGE OF MAILING ADDRESS FORM

Date: _____

Owner(s) of Property: _____

Owner Telephone #: _____

Property Location(s):

_____ SBL# _____

_____ SBL# _____

_____ SBL# _____

_____ SBL# _____

I hereby request as owner(s) of the above stated properties that any correspondence be sent to the following mailing address:

Water & Recycle Bills are also to be effected? Yes / No

It is acknowledged that the owner(s) physical primary residence is the following:

Owner(s) Signature: _____ Title _____ Dated: _____

Owner(s) Signature: _____ Title _____ Dated: _____