



OFFICE OF THE ASSESSOR

20 HAMMOND STREET
PO BOX 1002
PORT JERVIS, NEW YORK 12771

HEATHER MARINO
SOLE ASSESSOR

TELEPHONE: (845) 858-4094
FAX: (845) 856-6913

NOTE: This request will result in a change in the mailing address for your County, City, and School taxes, Water bills and all correspondence from City Offices.

CHANGE OF ADDRESS / ADDRESS CLARIFICATION FORM

PROPERTY INFORMATION

SECTION: _____ BLOCK: _____ LOT: _____

PROPERTY LOCATION: _____ Port Jervis, NY 12771

If you own more than one parcel, please complete one form for EACH parcel

Are you the owner of the property? YES OR NO
If no, Reason why you are requesting change of mailing address instead of owner: _____
Name: _____ Relationship: _____

Do you reside at the property location? YES OR NO
Is this your primary residence? YES OR NO
Do You understand this will change the mailing address for everything? YES OR NO

CHANGE ADDRESS FROM:

This is where the City currently sends your mail.

OWNER: _____
Address: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____

TO THIS NEW ADDRESS:

OWNER: _____
If applicable C/o: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____

Must be returned with original signature and identification.

Owner's Signature (Required): _____ Date: _____

Print Name: _____ Phone #: _____

E-Mail: _____

For Office Use Only

Changes Forwarded to:

Tax Collector, Water Dept, DPW, & Code Enforcement by _____ on _____