

TOWN OF WEBB

REQUEST FOR CHANGE OF ADDRESS

OR

NAME CHANGE – see below*

To change the information on your Tax Bill and other correspondence,
please return this completed form to:

**Justin Masters
Town of Webb Assessor
P.O. Box 157
Old Forge, NY 13420**

Please Print:

I/We, _____, hereby request

a change of the Tax Billing Address for the following parcel:

Tax Map ID#: _____

Requested Tax Billing Address:

Signature: _____ Date: _____

**For NAME change request attach appropriate document(s), such as marriage certificate, death certificate, power of attorney.*

**Use the space below for additional tax parcel numbers or other information
such as delete or add a bank code. (Provide name and address of the bank)**

Tax Map ID#: _____ Tax Map ID#: _____
Tax Map ID#: _____ Tax Map ID#: _____

Other: _____

Signature: _____ Date: _____