



**Town of Greenfield**

P.O. Box 10

7 Wilton Rd.

Greenfield, N.Y. 12833

**Assessor's Office**

Phone (518) 893-7432 ext. 302

Fax (518) 893-2460

**CHANGE OF ADDRESS REQUEST FORM**

**(ONLY OWNER CAN SUBMIT)**

\_\_\_\_\_  
OWNER OF RECORD

\_\_\_\_\_  
TAX PARCEL ID #

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHYSICAL ADDRESS OF PROPERTY

CURRENT MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

NEW MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**LEGIBLE COPY OF DRIVERS LICENSE MUST BE SUBMITTED WITH EACH REQUEST**

EMAIL COMPLETED FORM TO: [Assessorclerk@greenfieldny.org](mailto:Assessorclerk@greenfieldny.org)