

**Town of Thompson**  
Assessor's Office  
4052 Route 42, Monticello NY 12701  
845-794-2500 Fax 845-794-8600

**CHANGE OF ADDRESS / ADDRESS CLARIFICATION FORM**

**Must be returned with owner's original signature, photocopy of identification, Power of Attorney or corporate documents. No change of address will occur without proper identification attached.**

**Property Information**

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

*\*If you own more than one parcel, please complete one form for each parcel.*

Property Location: \_\_\_\_\_

Are you the owner of the above property? Yes    or    No  
*If no, please explain 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

**Change my/our address from:**

this address, where the town delivers mail to:

Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To this new address:**

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** This request will change the address for your Town and County taxes, School taxes, Water and sewer bills, and all correspondence from Town Offices.

Owner's Signature (Required): \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone # \_\_\_\_\_