



**OFFICE OF THE ASSESSOR  
Michele C. Jordan, IAO**

**Address Verification (Correct Mailing/Billing Address)  
Change of Address Request**

Print Owner Name: \_\_\_\_\_

**Are you the legal owner of the property? [ ] Yes [ ] No**

Street Address of Property: \_\_\_\_\_

Section/Block/Lot: \_\_\_\_\_

To ensure that we have your correct mailing and billing addresses, please complete, sign and return this form to the assessor's office as soon as possible.

**Please provide the address where you would like correspondence and your tax bills to be sent:**

Attn: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

**Do you want your water bills also sent to this address? [ ] Yes [ ] No**

**Reason for Change: [ ] Mortgage Paid Off [ ] Moved [ ] Other, expl \_\_\_\_\_**

Please also provide your contact information in case we have any further questions:

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note that you must inform this office of any address changes. Thank You.*

**You can email this form to: [mjordan@cityofpeekskill.com](mailto:mjordan@cityofpeekskill.com)**