



OFFICE OF THE ASSESSOR

TOWN OF RYE

222 GRACE CHURCH STREET SUITE 303

PORT CHESTER, NY 10573

914-939-3566

assessor@ryetownny.gov

Request for Change of Mailing Address

Please complete, sign, date, **provide a valid government issued ID (i.e. Driver's License)** to the Assessment Office by either email or regular mail.

Your property location in the Town of Rye is: _____

Section/Block/Lot (if known): _____

Primary Owner(s): _____

Day Phone No.: (____) _____ Evening Phone No.: (____) _____

Email Address: _____

Is the above property location your primary residence? Yes [] No []

Address Where You Want Your ASSESSMENT Correspondence Sent: _____

Do you want your TAX BILLS send to this newly specified address? Yes [] No []

If **NO**, YOU MUST notify the RECEIVER OF TAXES AT 914-939-3558 because they use a separate database.

Depending on the type of ownership, if there are additional owners (with mailing addresses that are different from the property location), a separate form MAY be required for each owner.

Owner or Authorized Representative's Signature*: X _____

Print Name: _____ Date: _____

Your Relationship to the Owner: _____

** Please note that if the owner of record is a business entity, such as a corporation, LLC, partnership, management agreement etc., you **MUST** provide a copy of the appropriate documentation giving you authorization as partial owner or representative to sign on behalf of the owner of record. This would be in the form of Power of Attorney, Corporate Resolution, Partnership Agreement etc.*