



## OFFICE OF THE ASSESSOR

### TOWN OF RYE

222 GRACE CHURCH STREET SUITE 303  
PORT CHESTER, NY 10573

Phone: (914) 939-3075 (ext. 140)  
Fax: (914) 939-8926  
Email: [assessor@townofryeny.com](mailto:assessor@townofryeny.com)

## Request for Change of Mailing Address

Please complete, sign, date and submit this form with a valid government issued ID (i.e., Driver's License)

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.

**\*If you are NOT the owner, please provide copy of appropriate documentation authorizing you to sign on behalf of owner (i.e., Power of Attorney, Corporate Resolution, etc.) along with a valid government ID (i.e., Driver's License).**

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, 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.*