TOWN OF WALTON

Assessor's Office
129 North Street
Walton, New York 13856

Date: _____ Telephone: _____

Tax Map I.D. Number: _____

Current Owner(s): _____

_____

(Above information required for all requests)

Address Change

Old Address: _____

_____

_____

New Address: _____

_____

_____

Name Change

(Must be accompanied by Certificate of Marriage, Divorce or Death)

From: _____

To: _____

Owner's Printed Name_____ Phone #_____

Owner's Signature: _____

(Only owners may make change requests)

TOWN OF WALTON
Assessor's Office
129 North Street
Walton, New York 13856
Tel (607) 865-5281 Fax (607) 865-4616