OFFICE OF THE ASSESSOR
TOWN OF RYE
222 GRACE CHURCH STREET, 3RD Floor
PORT CHESTER, NY 10573

(914)-939-3566
FAX: (914)-939-8926
Email: assessor@townofryeny.com

Change of Mailing Address Request

Please complete, sign, date and return this form to the Assessment Office.

Property Location:

_____

_____

Section/Block/Lot (if known):_____

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 sent to this address? Yes [ ] No [ ]

If NO, please also notify the RECEIVER OF TAXES.

Owner or Authorized Representative's Signature*: _____

Print Name: _____ Date:_____

*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.).