

CITY OF KINGSTON
Office of the Assessor
assessor@kingston-ny.gov

Steven T. Noble, Mayor



Daniel Baker, City Assessor

PROPERTY TAX BILL CHANGE OF ADDRESS FORM

(this includes City, County, School & Library Property Tax)

OWNER'S NAME: _____

PROPERTY ADDRESS: _____

TAX MAP NUMBER: _____

Please accept this as a written request to change the tax bill mailing address for on the above property to:

NEW MAILING ADDRESS: _____
(where tax bill is to be sent) _____

OWNER'S SIGNATURE: _____ **DATE:** _____

If the property is owned by a Corporation, Partnership or Limited Liability Company, please provide evidence to the signatory's authority to make such a change. (Example: LLC Operating Agreement, Partnership Agreement, Power of Attorney, Corporate Agreement, Articles of Incorporation/Organization, Certificate of Incumbency/Officer's Certificate, Secretary's Certificate, Etc.)

Upon receipt of the completed form, the mailing address will be changed for all future bills and correspondence.

**RETURN TO THE ASSESSOR'S OFFICE TO ADJUST
WHERE YOUR PROPERTY TAX BILLS AND
ASSESSMENT CORRESPONDENCES ARE TO BE SENT**