CITY OF ALBANY
OFFICE OF THE TREASURER
ROOM 109
24 EAGLE STREET
ALBANY, NEW YORK 12207
TELEPHONE (518) 434-5036

KATHY SHEEHAN
MAYOR

DARIUS SHAHINFAR
TREASURER

Please change the mailing address for Property Tax Bills, Special Assessment Bills, and any other tax related correspondence on Parcel Number_____

(Property Address) _____

FROM:

Name: _____

ADDRESS: _____

CITY & STATE:_____ZIP CODE:_____

TO:

Name:_____

Address:_____

City & State:_____**Zip Code:**_____

Current Owner of Record is_____

I understand that only the City Assessor, based on appropriate documentation, can change the owner of record on tax rolls.

I am: _____ **Date:** __/__/__
(Please Print Name)

Name of Owner of Record): _____
(Please Sign Name)

(Revised 10/13/11)