

Mail Address Change Form

Owner's Name

Owner's Phone Number

Are You The Owner Of the Property?

YES NO

If No, Are You A Relative?
Relationship to Owner:

YES NO

If This Is An Estate Are You The

The Executor or Power of Attorney? YES NO

Name of Person Requesting
Address Change

(If you are not the owner, you must provide a Letter of Testamentary or POA)

Phone Number (If same, skip to below)

Street Address of Property

Tax Account #

Current Mailing Address

City

State

Zip Code

New Mailing Address

City

State

Zip Code

Are You a Management Company YES NO

(If Yes, Please Provide A Copy Of The Contract With The Owner's Signature And ID)

Name of Company

Mailing Address (Skip If Same As Above)

City

State

Zip Code

If You Have More Than One Property, Please Indicate Below.

Street Address of Property

Tax Account #

Street Address of Property

Tax Account #

Street Address of Property

Tax Account #

Street Address of Property

Tax Account #

Street Address of Property

Tax Account #

Street Address of Property

Tax Account #

If You Have More Properties, Please Attach An Additional Sheet

Please Email Form To: Assessment@cityofrochester.gov

You Must Provide A Copy Of Your Driver's License or Photo ID.

If The Property(s) Are Part Of An Estate, Provide A Copy Of A Letter of Testamentary Showing You
Are the Executor or POA.

If You Are From A Property Management Company, Provide A Copy Of The Contract With The Owner
And A Copy Of Their ID.

Signature: _____

Date: _____