

SUPERVISOR
CECIL M. MILLER III

TOWN CLERK AND
RECEIVER OF TAXES AND ASSESSMENTS
MICHAEL C. ERLANDSON MBA

TOWN OF ELLICOTT

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FALCONER NEW YORK 14733
PHONE 716- 665-5317
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TOWN JUSTICE
MARILYN C. GERACE
SALLY A. JAROSZYNSKI

TOWN COUNCIL
GEORGE A. BECKERINK
ROBERT G. HEINTZELMAN
PATRICK W. MCLAUGHLIN
ROBERT F. PICKETT JR.

SUPT. OF HIGHWAYS
MARVIN E. SHELLHOUSE

ASSESSOR
RANDALL G. HOLCOMB

CODE ENFORCEMENT OFFICER
DAVID ROWE

ATTORNEY
WILLIAM L. WRIGHT JR

CHANGE OF ADDRESS FORM

PLEASE CORRECT THE MAILING ADDRESS
PERTAINING TO THE PREMISES(S) LOCATED AT:

TAX MAP NO.

PROPERTY ADDRESS

_____	_____
_____	_____
_____	_____

PRESENT MAILING ADDRESS:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

*** NEW MAILING ADDRESS:

*If a lender pays your taxes, call your bank for correct address
If tax bill is enclosed, forward the bill(s) to the correct bank address(if it applies)*

BANK OR
NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

SIGNATURE: _____ DATE: _____

PLEASE RETURN FORM TO ASSESSOR'S OFFICE AT THE ABOVE ADDRESS