Michelle Stephens
Town Clerk/ Tax Receiver

Samantha Marinace
Clerk Administrator

Kat Diomede
Deputy Town Clerk

Amy Cargain
Deputy Town Clerk

# TOWN OF PUTNAM VALLEY

**Town Clerk/ Tax Receiver**

# CHANGE OF ADDRESS FORM

Please complete, sign, date and submit this form **with a valid government issued ID.** If you are mailing this form, please attach a notarized copy of your ID and mail it to 265 Oscawana Lake Road, Putnam Valley, NY 10579. All parties must present valid photo ID.

Without an accurate mailing address on file, you will not receive any official Town correspondence. Please complete and return this form to the address above, Attention: Address Change.

**PLEASE NOTE:** Seasonal addresses cannot be used. ***ALL HOMEOWNERS*** must sign this form for the change of address to be valid.

**Tax Map ID Number:** _____

**Putnam Valley Property Address:** _____

_____

**Updated Mailing Address:** _____

_____

**Primary Owner (s)** _____

_____

**Phone Number (s)** _____

**Signature**_____ **Date**_____

**Signature**_____ **Date**_____

**Signature**_____ **Date**_____

*Please note that if the owner of record is a business entity, such as a corporation, LLC, partnership, etc., you MUST provide a copy of the appropriate documentation giving you authorization as partial owner or representative to sign on behalf of the owner of record. This would be in the form of Power of Attorney, Corporate Resolution, Partnership Agreement, etc.