

# REQUEST FOR CHANGE OF ADDRESS

In order to change the information on your Tax Bill,  
please forward this completed form to:

TOWN OF HAGUE  
PO BOX 509  
HAGUE, NY 12836

Please print

I/We, \_\_\_\_\_, request a change in the

Tax Billing address for the following parcel(s):

Tax Map # \_\_\_\_\_

Tax Map # \_\_\_\_\_

Tax Map # \_\_\_\_\_

REQUESTED TAX BILLING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Note: for NAME change request, attach appropriate document(s)  
(i.e. marriage certificate, death certificate)