



City of Rensselaer  
62 Washington St.  
Rensselaer, NY 12144

## REQUEST FOR CHANGE OF MAILING ADDRESS FORM

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

Owner(s) of Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner Telephone #: \_\_\_\_\_

Property Location(s):

\_\_\_\_\_ SBL# \_\_\_\_\_  
\_\_\_\_\_ SBL# \_\_\_\_\_

I hereby request as owner(s) of the above stated properties that any correspondence be sent to the following mailing address:

Water & S/W Bills are also to be effected?

Yes / No

It is acknowledged that the owner(s) physical primary residence is the following:

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

Owner(s) Signature: \_\_\_\_\_ Title \_\_\_\_\_ Dated: \_\_\_\_\_