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*Town of Cambria*  
*Assessment Department*

## ADDRESS CHANGE FORM

<b>Tax Map Number:</b>
<b>Property Location:</b>
<b>Today's Date:</b>
<b>Name of Owner(s):</b>
<b>New Address:</b>
<b>City, State, Zip:</b>
<b>Telephone Number:</b>
<b>Email Address:</b>

I, \_\_\_\_\_ certify that I am the owner, or legal representative of the owner, of/for the above mentioned property, and I have the authority to request this change of address.

\_\_\_\_\_  
Signature of Owner or Legal Representative

Return Completed Forms To: Town of Cambria – Assessor's Office  
4160 Upper Mt. Rd.  
Sanborn, NY 14132

Space Below for Department Use

( ) Entered In RPS:

Water Dept Notified ( )