

Town of Boston
Assessor's Office
8500 Boston State Road
Boston, NY 14025

CHANGE OF ADDRESS REQUEST FORM

Date: _____

Property Location: _____

Sec/Bloc/Lot No.: _____

Current Property Owner Name: _____

Contact #: _____

PRIOR INFORMATION:

Print Owner Name: _____

Address WAS: _____

NEW INFORMATION:

Print Owner Name: _____

Address NOW IS: _____

Is this a permanent change of address? YES / NO (Circle One)

Reason for this change of address? _____

Property Owner Signature: _____

Date: _____

Town of Boston Assessor: Sue Fitzner, SCA

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