TOWN OF MENDON ASSESSMENT OFFICE

To: Town of Mendon Assessor
Re: Change of Address
Date:, 20
From:
Re: Tax Account Number(s)
Property Address:
I (We) respectfully request that the mailing address be changed from:
To this permanent mailing address:
Reason for Change of Mailing Address:
Signature:
E-mail:
Phone:

16 West Main Street, Honeoye Falls, NY 14472-1199 (585)624-5254 Fax: (585) 624-6065 assessor@townofmendon.org