

# TOWN OF BETHLEHEM

*Sam Messina*  
Town Supervisor

*Patricia McVee, IAO*  
Assessor

Albany County - New York  
**ASSESSOR'S OFFICE**  
445 DELAWARE AVENUE  
DELMAR, NEW YORK 12054  
(518) 439-4955 x1101  
Fax: (518) 439-1699

Email: pmcvee@townofbethlehem.org



## Change of Address Form

DATE: \_\_\_\_\_

TAX MAP NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Is this a permanent or temporary change?

PERMANENT \_\_\_\_\_

TEMPORARY \_\_\_\_\_

Date to start change \_\_\_\_\_

Date of return \_\_\_\_\_

Where is your primary residence? \_\_\_\_\_

I Certify that I am the owner, or authorized agent of the owner, for the above described property.  
I request that all correspondence be sent to the address indicated above.

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**Return to the Assessor's Office at the above address**