To Whom It May Concern:

I hereby authorize the Assessor to change:

My mailing address:

From: _____

_____

To: _____

Print Name _____

Signature of owner: _____

Date: _____

Tax Map #:_____

Is this a permanent change? Yes_____ No_____

Town of DeWitt
Assessor's Office
5400 Butternut Dr
E Syracuse NY 13057