To Whom It May Concern:

I hereby authorize the Assessor to change:

My name:

From:_____

_____

To:_____

_____

Signature of owner:_____

Date:_____

Tax Map #:_____

Reason for change: _____

_____

Please Return to:

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