

**Town of Marcellus**  
**Assessor's Office**  
**22 East Main St**  
**Marcellus, New York 13108**

*Jeff Lowe, Assessor: 315-673-3269 ext 5 (office) or 315-783-4104 (cell)*

**REAL PROPERTY CHANGE REQUEST**

**Owners Name(s):** \_\_\_\_\_

**Tax Map Number(s) of affected properties:**

(1) \_\_\_\_\_ (3) \_\_\_\_\_

(2) \_\_\_\_\_ (4) \_\_\_\_\_

**Section 1 - Address Changes**

**Old Address:**

\_\_\_\_\_  
\_\_\_\_\_

**New Address:**

\_\_\_\_\_  
\_\_\_\_\_

If request is to send the bill **"in care of"** another individual, please state complete name and address.

**Section 2 - Name Changes**

**Name Currently listed:**

\_\_\_\_\_

**Name Changed to:**

\_\_\_\_\_

**Reason for change:**

- Marriage  Marriage Certificate enclosed  
 Divorce  Divorce Decree enclosed  
 Other Specify - \_\_\_\_\_

1. A marriage certificate or divorce decree must be enclosed in order to effectuate the change.  
2. This change will affect the assessment roll only. Steps must be taken to change legal title to the property.  
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**Section 3 - Name removal due to death of owner**

**Names currently listed:**

\_\_\_\_\_  
\_\_\_\_\_

**Name to be removed:**

\_\_\_\_\_  
\_\_\_\_\_

Death Certificate enclosed

1. A death certificate must be enclosed in order to effectuate the change.  
2. This change will affect the assessment roll only. Steps must be taken to change legal title to the property.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

**Complete and return to:** Assessor  
Town of Marcellus  
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