



City of Lockport
Assessment Department

ADDRESS CHANGE FORM

Today's Date:	
Property Location:	
Tax Map Number:	
Name of Owner(s):	
New Address:	
City, State, Zip:	
Telephone Number:	
If the New Address above is not your primary residence, please indicate what is:	

I, _____, certify that I am the owner, or legal representative of the owner, of/for the above listed property, and I have the authority to request this change of address.

Signature of Owner or Legal Representative

RETURN COMPLETED FORMS TO:	CITY OF LOCKPORT ASSESSMENT DEPARTMENT ONE LOCKS PLAZA LOCKPORT NY 14094
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SPACE BELOW FOR DEPARTMENT USE

Date

Received

ENTERED IN RPS: []

WATER DEPT NOTIFIED: []

CITY CLERK NOTIFIED: []

ACCOUNT NUMBER: _____