

**CHANGE OF ADDRESS FORM**  
Town Of Perth Assessment Department  
1849 County Highway 107, Amsterdam NY 12010

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Date: \_\_\_\_\_  
Tax Map Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
New Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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 Completed Form To:

TOWN OF PERTH  
ASSESSMENT DEPARTMENT  
1849 COUNTY HIGHWAY 107  
AMSTERDAM NY 12010