

VILLAGE OF BUCHANAN

REQUEST FOR CHANGE OF PROPERTY IDENTIFICATION

Name: _____

Account Number: _____ Section/Block/Lot: _____

I, the undersigned, request/authorize that the following change(s) be made to the above identified property.

- () Change of Address (mailing) - Indicate #1 below
() Remove Mortgage Institution - Send to Homeowner's Address - Indicate #1 below
() Duplicate Bill Request to the following:

Name: _____

Address: _____

#1 - ADDRESS CHANGE/DUPLICATE BILL REQUEST - MAILING

Old Mailing Address:

New Mailing Address:

Name: _____

Name: _____

Street: _____

Street: _____

City: _____

City: _____

State, Zipcode: _____

State, Zipcode: _____

Comments:

Signature: _____

Date: _____

Print Name: _____

Phone Number: _____

Office Use Only:

Empty rectangular box for Office Use Only.