



Town of Fishkill Assessor's Office

Information Change

Date: _____

Name: _____

Address:

Telephone Number(s): Day: _____ Night: _____

Property Location: _____

Tax Grid Number: ____ - ____ - ____ - ____

REASON FOR CHANGE: Name of Property Owner
 New Mailing Address
 Name of Tenant
 Name of Responsible Party

CURRENT INFORMATION - to be changed from-

Name: _____

Address:

Telephone Number(s): Day: _____ Night: _____

NEW INFORMATION - to be changed to-

Name: _____

Address:

Telephone Number(s): Day: _____ Night: _____