



ASSESSMENT OFFICE

City Hall, 840 Main Street, Peekskill, NY 10566

CHANGE OF MAILING ADDRESS REQUEST
***A copy of the applicant's driver's license must be**
included in order to process the request*

Note: This change of address request applies to the City of Peekskill assessment roll and database. All mailings generated through this database including tax bills, exemption renewal notices and any official correspondence will be impacted.

Owner's Name: _____

Relationship to Owner: _____

Property Location: _____

Section, Block, and Lot: _____

Do you reside at the property location? ☐ Yes ☐ No

Please provide the address where you would like correspondence and tax bills to be sent:

Attn: _____

Street Address: _____

City/ State/ Zip: _____

Do you want your water bills sent to the address above? ☐ Yes ☐ No

Reason for change: ☐ Mortgage Paid Off ☐ Moved ☐ Other, Explain:

Phone No.: _____ Email: _____

Print Name: _____

Signature: _____ Date: _____

Please return this form via email to: Rmorin@cityofpeekskillny.gov