

CITY OF OLEAN



Olean Municipal Building * 101 East State Street
P.O. Box 668 • Olean, NY 14760-0668
WEBSITE: www.cityofolean.org

OFFICE OF THE CITY ASSESSOR

PHONE: (716) 376-5630 * FAX: (716) 376-5671
E-MAIL: assessor@cityofolean.org

CHANGES TO ADDRESS AND/OR NAME

O cng'twt g'vq'tki p'èpf 'f cvg'ht o 'èv'vj g'dqwo 0

Property Address: _____

City of Olean

Tax map no.(s) _____

Swis Code: 041200

Ugevkp'3'/'Cf f t gur'Ej cpi gu

*If request is to send the bill "in care of" another individual, please state complete name and address

Qif Name & Mailing Address:

Pgy Mailing Address:

Rgcug'èj genlpg<'Rgt o cpgpv'Ej cpi g<'*****Vgo r qtct { 'Ej cpi g<'

(If temporary you must complete another change of address form in order to change it back.)

Ugevkp'4'/'P co g'Ej cpi gu

Name Currently listed

Name Changed to

Reason for change:

Marriage

Marriage Certificate enclosed

Divorce

Divorce Decree enclosed

1. A marriage certificate or divorce decree must be enclosed in order to effectuate the change.

2. This change will affect the assessment roll only. Steps must be taken to change legal title to the property.

Ugevkp'5'/'P co g'tgo qxcnf wg'vq'f gcvj 'qh'vy pgt "

Names currently listed:

Name to be removed:

Death Certificate enclosed

1. A death certificate must be enclosed in order to effectuate the change.

2. This change will affect the assessment roll only. Steps must be taken to change legal title to the property.

Signature

Date

Complete and return to:

City of Olean Assessor
P.O. Box 668
101 E. State St, Room 120
Olean, NY 14760-0668"

OR: Email or Fax to:

assessor@cityofolean.org
Fax: 716-376-5671