

**Town of Niagara**  
**Mailing Address Change Form**

(This will not change your deed)

Owner Name \_\_\_\_\_

Property Address \_\_\_\_\_

Phone \_\_\_\_\_

Change Address to:

Name c/o \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Will the owner still reside at the property? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for Change:

Snowbird (winter in another state)

Family Member/POA responsible for mail

Temporary stay at rehab or nursing home facility

Property Sold/For Sale

Other \_\_\_\_\_

Will you require an exemption removal notice for STAR Exemption purposes? Yes \_\_\_ No \_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Email to: [Assessor@townofniagara.com](mailto:Assessor@townofniagara.com), FAX 716-297-9262 or

Mail to: Town Assessor, 7105 Lockport Road, Niagara Falls, NY 14305