

City of Niagara Falls

Mailing Address Change Form

****This form will not change your deed****

Owner Name _____

Property Address _____

Phone _____

Change Address To:

Name c/o _____

Address _____

Phone _____

Will the owner still reside in 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 Application purposes? Yes___ No___

Owner Signature _____ Date _____

Email to city.assessors@niagarafallsny.gov or fax to 716-286-4403