



# CHANGE REQUEST FORM

## TOWN OF CHEEKTOWAGA ASSESSOR'S OFFICE

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

SBL: \_\_\_\_\_

Phone #: \_\_\_\_\_

I \_\_\_\_\_ hereby request a change of the Assessment Roll.

**\*\* Please note this does not change the deed! \*\***

**Name Change:** FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

**Mailing Address:** FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

**Property Class:** FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

**New Property Address (formerly a V/L) :** \_\_\_\_\_

**Combine Lots:** 1<sup>st</sup> SBL: \_\_\_\_\_  
With 2<sup>nd</sup> SBL: \_\_\_\_\_

Requested SBL: \_\_\_\_\_ Approved SBL: \_\_\_\_\_

### Requirements for Consolidation:

1. Identical ownership of ALL parcels to change.
2. ALL parcels to be adjoining. ( May cross roads)
3. ALL parcels to be located in the same Municipality, Special District and School District.
4. ALL taxes need to be current and paid in full.

All taxes are paid on each of the parcels to be consolidated: YES ( ) NO ( )

Comments: \_\_\_\_\_

### **Notification:**

**\*\* Property Owner must notify the Post Office! \*\***

( ) CPD Dispatch, [PHockwater3@cpdny.org](mailto:PHockwater3@cpdny.org)

( ) TOC Building and Plumbing Department, [DUlatowski@tocny.org](mailto:DUlatowski@tocny.org)

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Changed By: \_\_\_\_\_ Date: \_\_\_\_\_