



# TOWN OF SHELTER ISLAND

## ASSESSORS

38 North Ferry Road  
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**Assessors**  
Pat Castoldi  
Judith Lechmanski

## Change of Name and Mailing Address Form

Suffolk County Tax Map #: \_\_\_\_\_

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

Current Owner(s) Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### New Mailing Address

New Mailing Address: \_\_\_\_\_

\_\_\_\_\_

### Name Change

*(Must be accompanied by Certificate of Marriage, Divorce, or Death Certificate)*

From: \_\_\_\_\_

To: \_\_\_\_\_

### Contact Information of Individual on Deed Completing Form

Printed Name(s): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_