

**TOWN OF CHESTER**  
**Office of the Assessor**  
PO Box 423  
Chestertown, New York 12817 – 0423  
(518) 494 – 3515

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**CHANGE-OF-STATUS APPLICATION**

*Current Info [fill in the appropriate space/s below]*

**Parcel ID** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**Owner** \_\_\_\_\_  
**Billing Address** \_\_\_\_\_  
\_\_\_\_\_

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*Desired Changes [fill in the appropriate space/s below that apply]*

**Address Change** \_\_\_\_\_  
**Owner Name Change** \_\_\_\_\_  
**Deletion of Owner** \_\_\_\_\_  
**Billing Address Change** \_\_\_\_\_  
**Other** \_\_\_\_\_

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**Date** \_\_\_\_\_  
**Authorized Signature** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Relationship to Owner** \_\_\_\_\_

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**Notes:** \_\_\_\_\_

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