



Change of Address

Date _____

Village of Port Washington North
3 Pleasant Avenue
Port Washington, NY 11050

To the Village Office:

Please send all future tax bills for:

Address _____

Section _____, Block _____, Lot _____, Unit (Condos only) _____

TO:

Name _____

Address _____

Phone _____ Email _____

From,

Signature _____

Print Name _____

Owner