

Town Supervisor
Kevin J. Tollisen

Town Board
Paul Hotaling
Eric Catricala
Jeremy Connors
John Wasielewski



TOWN of HALFMOON

Assessor's Office
Anne Marie Zarelli, Sole Assessor

2 HALFMOON TOWN PLAZA
HALFMOON, NY 12065

COUNTY OF SARATOGA
azarelli@townofhalfmoon.org
(518) 371-7410 Ext. 2242 • Fax (518) 371-0936

CHANGE OF ADDRESS REQUEST

If your primary residence or mailing address has changed, for tax bills and exemption purposes, you must notify the local municipality in which your property is located.

Please complete this change of address request and remit to the Assessor's office, in order for us to update our records.

Property Owner(s) Name(s): _____

Property Location: _____

SBL#: _____

Current mailing address: _____

New Mailing address: _____

Update Halfmoon Water Billing with new mailing address: Yes ___ No ___ (If applicable)

IF CHANGE OF ADDRESS IS FOR A RESIDENTIAL PARCEL:

By: _____
Signature of Property Owner(s) Date

For exemption purposes, my primary residence is: _____

Contact telephone number is: _____

IF CHANGE OF ADDRESS IS FOR A COMMERCIAL PARCEL:

By: _____
Signature of Property Owner(s) Date

Print Name and Title of Officer

Contact telephone number is: _____
