OFFICE OF THE SHERIFF FULTON COUNTY

PO Box 20 2712 STATE HIGHWAY 29 Johnstown NY 12095 EMERGENCY DIAL 911 Telephone: (518) 736-2100 Facsimile: (518) 736-2126

NEW ADDRESS REQUEST FORM

Name of Requestor:						
Phone Number:	one Number:Cell Number:					
Name of Land Owne	r:					
Tax Map/SBL#:	In Unknown,	please contact your local as	ssessor or the Fulton C	ounty Real Pro	perty Tax Service at (518) 736-5507	
Town/Village/City:						
House/Building Numl (Office Use Only)	oer:					
S	ite Type:	Check if New or Pe Vacant Land;		tion Comme	ercial	
Street/Road Name:						
Lot Size (Dimensions or	Precise Acre	eage):				
Detailed Description	of Locatio	n:				
Office Use Only:					DDTC A.	
Date Received:					RPTSA: [] Entered IMO	
Date Assigned:					[] Map Change Card	
Date Notified:						
Computer Entry Date	:					

Revised: 07/25/2017