Village of Great Neck
767 Middle Neck Road
Great Neck, NY 11024
Tel (516) 482-2000
Fax (516) 482-2606
www.greatneckvillage.org

For Office Use Only

S/B/L ____/_____/_____

☐ RPS ☐ SCA ☐ Building Dept

____/_____/_____ _____
Date Initials

CHANGE FORM

REASON FOR CHANGE: ☐*New Owner* ☐*Mortgage Satisfied* ☐*Change of Mailing Address*

Other (specify): _____

TAXES WILL BE PAID BY:

☐ *Owner of Property*

☐ **Mortgage Lender; please contact lender to provide the Village with loan information*

☐ *Third-Party*

_____
Name & Address

Upon completion of this form, submit with a copy of the first 2 pages of your property deed.

PROPERTY ADDRESS:

_____

OWNER INFORMATION:

_____
Owner Name(s) ***(As it appears on the deed)***

_____
Company Name ***(If applicable)***

_____
Mailing Address ***(If different from property address)***

_____
Mailing Address ***(If different from property address)*** ***City*** **State** **ZIP Code**

(___)_____ _____
Contact #: ☐ **Cell** ☐ **Home** ☐ **Business** **Email Address**

_____ _____ _____/_____/_____
Signature(s) **Date**