

**Request for
Change of
Mailing
Address**

**No address change shall be made without the owner's signature.
This is the official policy of the Assessor's Office.**

Parcel ID: _____

Property location (911): _____

Old mailing address: _____

New mailing address: _____

Phone Number: _____

Email Address: _____

Owner(s) Name(s): _____

(print)

Owner(s) Signature(s): _____ Date: _____

(required)

Change all municipal payments to new address? ☐ Yes ☐ No

For Official Use Only

Change made to ☐ Utility Billing by: _____ Date: _____

☐ Grand List by: _____ Date: _____

Copy to: ☐ Town Clerk by: _____ Date: _____