ADDRESS CHANGE REQUEST
TAX/ASSESSING

Please provide the requested information in order to change your primary mailing address to receive tax billing and assessment information. For seasonal property owners, be sure to maintain your residential mailing address.

Date of Request: _____________________  Tel. No.: _____________________

Map & Lot: __________ Account #: _____ Parcel Location: _____________________
Map & Lot: __________ Account #: _____ Parcel Location: _____________________
Map & Lot: __________ Account #: _____ Parcel Location: _____________________
Map & Lot: __________ Account #: _____ Parcel Location: _____________________

Property Owner(s) Name: ________________________________________________________

C/O (if applicable): _____________________________________________________________

Street: ____________________ Apt./Suite #: ____________________

City: ______________________ State: ______________________

Country (other than USA): ______________ Zip Code: ______________________

Owner’s Signature: ______________ Date: ______________________

For property owners with an international address, please provide the exact address as it should appear.

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Please be advised that due to the Town’s assessing and tax billing computer programs, space provided for the mailing address is limited to four lines only, including the recipient’s name. You may submit this request by fax 603-476-5835, email cfucarile@moultonboroughnh.gov, or mail it to the address above.