



Board of Assessors
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ADDRESS CHANGE

Please return via USPS Mail Fax Email In person

Location of property _____ Parcel ID _____

Former mailing _____

Owner (person requesting change) _____

New mailing _____

Tax Type:

Real Estate Personal Property SEWER/WATER

OTHER _____

Authorized signature _____ Date _____
(Owner of record)

Please Print Name _____

Other _____