

This form is not valid unless signed and dated by the property owner.

Town:	Tax Map Number:	

Section 1: Address Change

If request is to send the bill "in care of" another individual, please state complete name and address.

Old Address	New Address	
Owner:	Owner:	
Street:	Street:	
City/Town, State, Zip:	City/Town, State, Zip:	

Section 2: Name Change

1. A marriage certificate or divorce decree must be enclosed in order to effectuate the change.

2. This will affect the assessment roll only. Additional steps must be taken to change legal title to the property.

Name Currently Listed:		Name Changeo	d To:
Reason for Change:	Marriage		Marriage Certificate Enclosed
	Divorce		Divorce Decree Enclosed

Section 3: Name Removal Due to Death of Owner

1. A death certificate must be enclosed in order to effectuate the change.

2. This change will affect the assessment roll only. Additional steps must be taken to change legal title to the property.

Name Currently Listed:		Name to be Removed:		
Death Certificate Enclosed				

Signature: _____

Date: _____

Complete and return to your Assessor.