

# 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: |  |  |
|                        |                        |  |  |
| Phone:                 | Phone:                 |  |  |
|                        |                        |  |  |

### 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 Cer | tificate Enclosed   |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_