

CHANGE OF ADDRESS REQUEST

PLEASE RETURN THIS FORM TO:
TAX ASSESSOR OFFICE
CITY HALL
43 BROADWAY
NEWPORT, RI 02840

NAME OF OWNER(S) _____

ACCOUNT NUMBER(S) _____

PROPERTY ADDRESS _____

PLEASE SEND ALL CORRESPONDENCE TO THE ADDRESS BELOW:

SIGNATURE: _____ DATE _____

(MUST BE SIGNED BY OWNER OF RECORD OR LEGAL REPRESENTATIVE)

FOR OFFICE USE ONLY

CHANGE MADE BY _____ DATE _____