

Town of Charlestown Tax Assessor's Office

ADDRESS CHANGE REQUEST

To keep an up-to-date record of your current address for Tax records, please fill out this form. It will be kept on file in our office for a period of one year. If you should move or change your address within the year, you will be required to fill out another form.

DATE OF CHANGE: _____

NAME: _____

OLD ADDRESS: _____

NEW ADDRESS:

STREET NAME & NUMBER: _____

P O BOX: _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

PHONE NUMBER _____

TAX ASSESSOR'S USE ONLY

ACCOUNT NUMBER _____ - _____ - _____

ACCOUNT NUMBER _____ - _____ - _____

PROPERTY LOCATION _____

PLAT _____ LOT _____ MOTOR VEHICLE _____

PLAT _____ LOT _____ MOTOR VEHICLE _____

PLAT _____ LOT _____ MOTOR VEHICLE _____

TAKEN BY: _____

DATE: _____