

CHANGE OF MAILING ADDRESS

Map/lot # _____

Owners Name: _____

Property Location: _____

Old Mailing Address: _____

New Mailing Address: _____

Phone: _____

And/or Email: _____

Note:

This information will change where your tax bill and any other bills or correspondence from the City of Rochester NH is mailed.

X _____
Signature of Property Owner

Date

OFFICIAL USE ONLY:

Exemptions/Credits? YES NO

_____ (Staff Initials)

Date Changed: _____