



CHANGE OF MAILING ADDRESS AUTHORIZATION

PLEASE RETURN TO SELECT BOARD'S OFFICE

Date: _____

Property Owner Name(s): _____

Property Address(s): _____

Parcel ID#: ____ - ____ - ____

Parcel ID#: ____ - ____ - ____

Parcel ID#: ____ - ____ - ____

OLD Mailing Address: _____

NEW Mailing Address: _____

Please make the changes to my records as indicated above.

Signature of Property Owner

OFFICE USE ONLY: PLEASE DATE & INITIAL WHEN CHANGE IS MADE

AVITAR: _____ **WATER & SEWER:** _____