



TAX ASSESSOR
KERRI A. PETRARCA
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Address Change Request

In order 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 YOU MOVED OR CHANGED TO NEW ADDRESS _____

NAME _____

OLD ADDRESS _____

NEW ADDRESS:

STREET NAME & NUMBER _____

PO BOX _____

CITY/TOWN _____ STATE _____ ZIPCODE _____

SIGNATURE _____ DATE _____

TELEPHONE NUMBER _____

CHANGE - MOTOR VEHICLE [] TANGIBLE [] REAL ESATE []

TAX ASSESSOR USE ONLY

Account Number _____ - _____ - _____

Account Number _____ - _____ - _____

Property location _____

Plat _____ Block _____ Lot _____ Registration # Motor Vehicle _____

Plat _____ Block _____ Lot _____ Registration # Motor Vehicle _____

Plat _____ Block _____ Lot _____ Registration # Motor Vehicle _____

Received By _____ Date Entered _____