

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) _____

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** _____