



REQUEST FOR CHANGE OF MAILING ADDRESS

PROPERTY ADDRESS: _____

OWNER NAME: _____

MAILING ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

NEW MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BY SIGNING BELOW YOU ACKNOWLEDGE THAT YOU ARE THE OWNER OF RECORD AND ARE REQUESTING THAT THE TOWN OF GORHAM CHANGE YOUR MAILING ADDRESS FOR TAX BILLING AND ASSESSING PURPOSES AS INDICATED ABOVE.

OWNER SIGNATURE: _____

DATE: _____

**20 Park Street, Gorham, NH 03581
Phone 603-466-3322 • Fax 603-466-3100**