

CHANGE OF ADDRESS FORM

Date _____

Tax Account # _____ Sewer Account # _____

Map _____ Lot _____ Sub _____ Type _____

Property Owner Name: _____

Requested by: _____

New Address: _____

New City: _____ New State: _____ New Zip: _____

Is this a seasonal address? Yes / No

If yes, what dates should this address be used? _____

Telephone Number: _____ (home / office / cell / Lubec)

Alternate Number: _____ (home / office / cell / Lubec)

Email Address: _____

Additional Notes: _____

Check if completed by Customer

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For office use only:

Changed:

Tax Billing Record

Initials

Date

Sewer Account - if between maps 15 & 20

Voter Registration
