

CHANGE OF ADDRESS FORM

Map/Lot # _____

Owners Name: _____

Property Location: _____

Old Mailing Address: _____

New Mailing Address: _____

Phone: _____

Email: _____

Note:

This information will change where your tax bills or correspondence from the Town of Stratham, NH is mailed.

X

Signature of Property Owner

Date

OFFICIAL USE ONLY

Exemptions/Credits? YES NO

(Staff Initials)