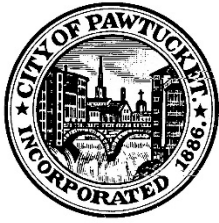


Plat _____ Lot _____



City of Pawtucket

Application for Change of Mailing Address

Property Location: _____

Owner's Name: _____

Old Address

Address: _____

City/Town State & Zip Code: _____

New Address

Address: _____

City/Town State & Zip Code: _____

Signed under penalty of perjury this _____ of _____
(day) (month) (year)

Name (print): _____

Signature: _____

**Return/Send to: City of Pawtucket
Attn: Tax Assessors Office
137 Roosevelt Avenue
Pawtucket, RI 02860**

****MUST:** Attach a copy of photo id of who is requesting the address change. Needs to be the owner of the property or in case of a company, relation to the company.

Note: Motor Vehicle address must be changed at the DMV or AAA. Voting address must be changed with the Board of Canvassers. For questions or assistance, please call (401) 728-0500 x333.

OFFICE USE ONLY _____

RECEIVED BY _____ DATE RECEIVED _____ DATE ENTERED _____