

ADDRESS CHANGE

NAME_____

OLD ADDRESS_____

NEW ADDRESS_____

DATE_____

SIGNATURE_____

TELEPHONE #_____

MAP_____ LOT_____

CHANGED_____

To change the address where you receive correspondence from the Town of Wakefield, NH:

1. Complete and sign this form
2. Scan and email the signed form to:
assessingdept@wakefieldnh.com

-or-

3. Mail the signed form to:
Town of Wakefield
2 High Street
Sanbornville, NH 03872
Attn: Assessing Dept