



# *Town of Sandwich*

8 Maple Street, PO Box 194  
Center Sandwich, N.H. 03227  
(603) 284-7113 – Fax (603) 284-6819  
[tctc@sandwichnh.org](mailto:tctc@sandwichnh.org)

## **MAILING ADDRESS CHANGE REQUEST** **FOR ASSESSING & TAX COLLECTION**

Please provide the requested information to change your primary mailing address for tax billing and assessment purposes only:

Map & Lot: \_\_\_\_\_ Property Location: \_\_\_\_\_

Map & Lot: \_\_\_\_\_ Property Location: \_\_\_\_\_

**Property Owner(s) Name:** \_\_\_\_\_

c/o Owner (if applicable): \_\_\_\_\_

**Previous Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **NEW MAILING ADDRESS:**

Street/PO: \_\_\_\_\_ Apt./Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country (other than USA): \_\_\_\_\_

Email Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

You may submit this request in-person or by using the mail, fax, or email contact information above.