

TOWN OF MANCHESTER

6039 Main Street

Manchester Center, Vermont 05255

Assessor's Office ♦ Phone: 802-362-1313 Option 5 ♦ Fax: 802-362-1314 ♦ Email: k.lemnah@manchester-vt.gov

REQUEST FOR CHANGE OF MAILING ADDRESS

(Please note: By law all correspondence must be mailed to the Owner(s) of record mailing address)

PARCEL ID#(s) _____

PROPERTY LOCATION (911): _____

PROPERTY OWNER(S) (As shown on Deed or legal document):

NEW MAILING ADDRESS: _____

PHONE: _____ CELL: _____

E-MAIL: _____

REQUESTER IS (please check one):

Owner ___ Authorized Representative ___ POA on file ___ Company/Agency Official ___

REQUESTER'S PHONE #: (_____) _____ - _____

OWNERS(S) / REQUESTER'S NAME: _____

(Please print)

(Signature)

(Date)

(For Office Use Only)

Request made (check one): Returned Mail ___ Phone ___ In Writing ___

CHANGE Made to:

Assessor's Office By: _____ Date: _____

Taxes By: _____ Date: _____

Water/Sewer By: _____ Date: _____