



Town of Allenstown

Assessing Office
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ADDRESS CHANGE FORM

PLEASE PRINT, COMPLETE, SIGN AND RETURN (FAX, EMAIL, OR MAIL) TO THE ADDRESS LISTED ABOVE.

DATE: _____

OWNER(S) NAME(S): _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

CURRENT MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

PROPERTY LOCATION: _____

MAP/LOT NUMBER: _____

OTHER INFORMATION: _____

Owner(s) Signature(s)

Office Use Only

Date Received _____

Received By _____