



TOWN OF HOLDERNESS

NEW HAMPSHIRE

Address Change Request

Name: _____

Map/Lot#: _____

Account #: _____

New Address:

Mailing Address: _____

City: _____ State: _____ Zip: _____

I do hereby authorize the Town of Holderness Assessing Department to change the mailing address for the above parcel(s) for tax billing and notification purposes.

Signed: _____ Date: _____