

ADDRESS CHANGE REQUEST

NAME \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_

\_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

\*\*\*\*\*

MAP \_\_\_\_\_ LOT \_\_\_\_\_

CHANGED \_\_\_\_\_

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

1. Complete and sign this form
2. Scan and email the signed form to: [assessing@miltonnh-us.com](mailto:assessing@miltonnh-us.com)

-or-

3. Mail the signed form to:  
Town of Milton  
424 White Mountain Highway  
PO Box 310  
Milton, NH 03851  
Attn: Assessing Department