



## CHANGE OF MAILING ADDRESS - REAL ESTATE/SEWER

**COMPLETION OF THIS FORM WILL CHANGE THE MAILING ADDRESS ON FILE WITH THE CITY OF CRANSTON. FUTURE TAX BILLS WILL BE MAILED TO THE NEW LOCATION THE FOLLOWING BILLING CYCLE (IF LENDER RECEIVES BILL DIRECTLY, THEY WILL CONTINUE TO DO SO). CHANGING THE MAILING INFORMATION CAN NOT AND WILL NOT CHANGE THE OWNERSHIP. REQUEST DOES NOT ISSUE BILL COPY.**

TO BE COMPLETED BY PROPERTY OWNER, POA. OR REGISTERED AGENT/REPRESENTATIVE ONLY. (POA SHOULD INDICATE A "CARE OF" ON NEW ADDRESS LINE). \*ALL NON-OWNERS ARE TO PROVIDE PROOF OF LEGAL REPRESENTATION FOR OWNER. FILER'S LICENSE INFORMATION IS REQUIRED.

**PLEASE FILL OUT COMPLETELY & PRINT CLEARLY**

**RETURN FORM TO: 869 PARK AVE, CRANSTON, RI 02910 / BSMITH@CRANSTONRI.GOV / F 401.780.3361**

PROPERTY LOCATION: \_\_\_\_\_

\_\_\_\_\_

PROPERTY OWNER(S): \_\_\_\_\_

\_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*The following is for private use only and will not be accessible to or by the public**

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

LICENSE STATE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### FOR OFFICE USE/OPTIONAL

PLAT: \_\_\_\_\_ LOTS: \_\_\_\_\_

PLAT: \_\_\_\_\_ LOTS: \_\_\_\_\_

PLAT: \_\_\_\_\_ LOTS: \_\_\_\_\_

PLAT: \_\_\_\_\_ LOTS: \_\_\_\_\_

PLAT: \_\_\_\_\_ LOTS: \_\_\_\_\_

PLAT: \_\_\_\_\_ LOTS: \_\_\_\_\_