CITY OF FRANKLIN

PROPERTY TAX AND UTILITY BILL
CHANGE OF ADDRESS FORM

Please provide the following information so that we may update our records per your request. Please Print.

PROPERTY DESCRIPTION:_____
(physical address of property)

MAP/LOT #:_____

NEW MAILING ADDRESS:

_____
(name of property owner on deed)

_____
(street/post office box)

_____
(city) (state) (zip code)

_____ _____
(signature of property owner) (date)

_____
(print name)

MAIL TO: CITY OF FRANKLIN
CITY CLERK/TAX COLLECTOR'S OFFICE
316 CENTRAL STREET
FRANKLIN, NH 03235