



CHANGE OF MAILING ADDRESS AUTHORIZATION

PLEASE RETURN TO THE ASSESSING DEPARTMENT

186 Main Street
Newmarket, NH 03857
E-mail: assessing@newmarketnh.gov

Date: _____

Property Owner Name(s): _____

Property Address: _____

Map & Lot: _____

OLD Mailing Address: _____

NEW Mailing Address: _____

Please make the changes to my records as indicated above.

Signature of Property Owner

OFFICE USE ONLY

Date Received:

Received By: