

REQUEST FOR CHANGE OF ADDRESS

In order to change the billing address on your Tax Bill, kindly return this completed form to:

*Town of Wells
Attn: Nora Sargent, Town Clerk
PO Box 585
Wells, VT 05774*

Please Print:

I/We, _____, hereby request a change of
the Tax Billing Address for the following parcel:

Parcel ID#: _____

Parcel Address: _____

Requested Tax Billing Address:

Signature: _____ **Date:** _____